

**California Department of  
Corrections and Rehabilitation**

**The Master Plan  
For Female Offenders:  
A Blueprint for  
Gender-Responsive Rehabilitation  
2008**





# California Department of Corrections and Rehabilitation

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## I. INTRODUCTION

In July 2005 the California correctional system reorganized to address directly the rehabilitative and re-entry needs of all inmates and parolees. As part of this reorganization, the California Department of Corrections and Rehabilitation (CDCR) established the Female Offender Programs and Services (FOPS) office, to manage and provide oversight to adult female programs, including prisons, conservation camps, and community programs. FOPS developed a gender-responsive, culturally sensitive approach to program and policy development that will improve recidivism outcomes for the adult incarcerated and paroled female offenders under the supervision of the CDCR. The plan provides a blueprint for CDCR to incorporate national standards in operational practice, program development, medical and mental health care, substance abuse treatment, family reunification, and community re-entry.

In addition, the CDCR established a Gender-Responsive Strategies Commission (GRSC) to assist in the development of a master plan for female offenders. This advisory commission is comprised of representatives of the various disciplines within CDCR, community partners, nationally recognized experts on female offenders, previously incarcerated individuals, family members of women offenders and other external stakeholders, including labor, the California Commission for the Status of Women, the Little Hoover Commission (LHC) and legislative representatives. Several subcommittees provide input to the CDCR on institutional operational practice and policy, treatment programs, community re-entry, medical and mental health, and parole. The Associate Director of the FOPS office chairs the commission.

Collaboratively, FOPS and GRSC have developed and will maintain the following master plan, a gender-responsive, culturally sensitive approach to program and policy development that will improve recidivism outcomes for the adult incarcerated and paroled female offenders under the supervision of the CDCR. The plan provides a blueprint for CDCR to incorporate national standards in operational practice, program development, medical and mental health care, substance abuse treatment, family reunification, and community re-entry.

The National Institute of Corrections (NIC) refers to Bloom and Covington's definition of gender-responsive approaches:

*"Gender-responsive means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives and addresses the issues of the participants. Gender-responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge women's pathways into the criminal justice system. These approaches address social (e.g., poverty, race, class and gender inequality) and cultural factors, as well as therapeutic interventions. These interventions address issues such as abuse,*

*violence, family relationships, substance abuse and co-occurring disorders. They provide a strength-based approach to treatment and skill building. The emphasis is on self-efficacy.” (Bloom and Covington, 2000)<sup>1</sup>*

Based on specific recommendations of the LHC, the principles of gender-responsivity and the characteristics of female offenders in California and nationally, this plan lays the foundation for making evidence-based decisions in creating gender appropriate policy, programs, and practice. In addition, it incorporates the requirements of Penal Code (PC) Section 3430 which identifies the duties of the CDCR regarding female offenders. (See Appendix Section 4.) As asserted by the LHC, “If correctional programs are going to help women break the cycle of their criminal behavior, policy-makers must recognize how women offenders are different from men.” (Page 5–*Breaking the Barriers for Women on Parole*, December 2004)

The master plan begins this work by examining how women become involved in crime and reviewing what is known about working to help women terminate their criminal involvement. For example, evidence suggests the majority of female offenders can be more effectively managed in community settings using gender-responsive services and programs to reduce recidivism. For offenders who remain in institutional settings, re-entry planning addressing their pathways to offending and structuring a safe and productive rehabilitative environment are also critical to reducing recidivism and improving post-release outcomes. These approaches emphasize community placement where relationships and social support are prioritized.

Finally, this information is used to develop a set of objectives designed to achieve CDCR’s goals and strategies and begin to realize its agency-wide mission and vision, as outlined in the Department’s Strategic Plan 2007–2012 (and reiterated below):

### **California Department of Corrections and Rehabilitation Vision**

With our partners, we protect the public from crime and victimization.

### **California Department of Corrections and Rehabilitation Mission**

We enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities.

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<sup>1</sup> Bloom, B., & Covington, S. (2000), as cited in: Bloom, B., Owen, B., Covington, S. (2003). *Gender-Responsive Strategies Research, Practice, and Guiding Principles for Women Offenders*. Washington DC: NIC, Accession Number 018017, p. 75-76. Retrieved September 3, 2007 from <http://www.nicic.org>.

The Department's Strategic Plan provides the structure for:

- Meeting the physical and mental health needs of female offenders through gender-responsive treatment.
- Creating policies and operational practices that ensure safe and productive custodial and noncustodial environments.
- Developing and implementing educational, vocational, and treatment programs that target pathways to repeat offending.
- Developing a re-entry plan at reception centers for the majority of female offenders who will be released to the community.
- Designing and overseeing a community-based service delivery system for low-risk female offenders.

The master plan is incorporated into the CDCR gender reform efforts outlined by Strategy 5.3 of the CDCR Strategic Plan: Develop and implement a comprehensive gender-responsive female offender rehabilitation and management program that supports family reunification.

This master plan for female offenders provides the mechanisms to achieve Strategy 5.3. The CDCR Strategic Plan for 2007-2008 sets the following goals for the work with female offenders:

**STRATEGY 5.3.1:** Create and distribute a female offender master plan that provides the framework for programming and managing female offenders.

**STRATEGY 5.3.2:** Design and begin implementation of a mandatory, specialized, gender-responsive training for all staff who work with female offenders.

**STRATEGY 5.3.3:** Establish community-based beds to house nonserious, nonviolent female offenders in a treatment environment that provides complete wrap-around services.

**STRATEGY 5.3.4:** Create a gender-responsive classification system for female offenders.

**STRATEGY 5.3.5:** Create an Individualized Treatment and Rehabilitative Plan (ITRP) for female offenders that combines risk needs assessment with an individualized case management plan.

## **II. PROBLEM**

Female offenders' pathways to criminality are significantly different from those of their male counterparts. In addition, the types of crimes committed by female offenders, their level of violence, their responses to custody and supervision, and their family situations and responsibilities have also been shown to be very different

than those of male offenders. Therefore, to make a significant impact on the female offender and her criminal life style, CDCR must develop innovative and focused pathways out of criminality that address these differences and target the specific needs of female offenders. CDCR's challenge is to recognize the impact that gender makes on the entire life experiences and relationships of the female offender and develop a comprehensive strategy of approaches that address not only her criminal behavior, but also her successful transition and re-entry into her family and community.

## **The History of Reform for California's Female Offenders**

Over the past decades, several reform efforts have examined the situation of women in California's prison and parole system. The most current reform effort, *Breaking the Barriers for Women on Parole: The LHC* (December 2004), describes the problem of crime, violence, and substance abuse in the preprison lives of female offenders in the California correctional system. The LHC's report is summarized briefly below and a more complete description is included in the Appendix, Section 1. This report paralleled findings and recommendations made a decade earlier by the California Department of Corrections (CDC) as a result of two investigations conducted by the Department. These investigations are also presented below.

### ***Breaking the Barriers for Women on Parole: The Little Hoover Commission***

As discussed in its report, *Breaking the Barriers for Women on Parole*, the LHC suggests fundamental reforms in the correctional system will interrupt the generational toll created by the imprisonment of women and break the cycle of violence, crime, and addiction for female offenders. The LHC provides specific findings and recommendations in the *Breaking the Barriers* report, which provide the core of this plan.

Specifically, the LHC:

- 1) Identified a lack of a gender-responsive strategy and recommended the Department should "develop a coherent strategy to hold female offenders accountable for their crimes and improve their ability to successfully reintegrate into their communities." (LHC, 2004, page. 32)
- 2) Found the "mega prisons" approach, which was designed primarily to incapacitate and punish violent offenders, is not effective for the majority of female offenders who are nonviolent, serve short sentences, and need specific services to successfully return home. Instead, the LHC recommended "a robust system of community correctional facilities focused on preparing women offenders for success on parole." (LHC, 2004, page 48.)



- 3) Recommended the development of “a community-based re-entry model to reduce recidivism among women, offenders, improve public safety, and reduce public costs” (LHC, 2004 page 67) This recommendation is in response to the finding that female offenders are often denied assistance with a variety of needs upon release from prison, and, therefore, “the public costs and personal tragedies continue to plague families and communities”. (LHC, 2004, page 51)

This female offender master plan is CDCR’s response to the recommendations of the LHC, emphasizing a gender-responsive and culturally sensitive approach to a system targeting re-entry and community-based rehabilitation. Following the recommendations of the LHC, this plan is based on a foundation of rehabilitation, rather than punishment, which will prepare female inmates for release and transition to the community through gender-responsive strategies. In the long run, the emphasis on rehabilitation and community placement will improve public safety and reduce recidivism, reduce costs, and increase the effectiveness of policies and practice in CDCR. In response to the recommendations of the LHC, CDCR has established an executive level position to oversee all aspects of this reform.

### **Prior Investigations Conducted by California Department of Corrections and Rehabilitation**

In addition to the recent LHC report, two prior investigations, which were prompted by legislation, provide background for addressing the rehabilitation and re-entry needs of female offenders. First, in the 1990’s, as a result of Senate Concurrent Resolution 33 (SCR 33), the Commission on Female and Parolee Issues was established to study issues affecting female inmates and parolees. During its study, the commission assessed such issues as work, education, sentencing, classification, substance abuse, alternative treatment programs, and parental status and reviewed programs and services available to female inmates and parolees. The commission’s final report published in 1994 presents an analysis of these issues and the commission’s findings and recommendations.

In following the recommendations of this commission concerning alternative treatment programs and family reunification, and as a result of legislation, the Department developed the Family Foundation Program (FFP). Eligible female offenders who are either pregnant or are parenting children under the age of 6 volunteer at sentencing to enter a 12-month community-based program that provides a range of rehabilitative services. These services include substance abuse prevention and other treatments, parenting skills, education, and life skills development. The FFP provides a model for additional community-based programming.

Inmate health issues were investigated in the final report of the Female Inmate Health Issues Task Force pursuant to Assembly Bill (AB) 900. The final report parallels more recent initiatives (including litigation and other reports) in suggesting

physical and mental health care has been insufficient and ineffective for women incarcerated in California. This plan recognizes the need to coordinate with the court appointed Medical receiver in planning and implementing these services.

This information also contributes to the foundation for the new CDCR mission and the approach outlined in this plan. The components of this plan will address the gender-based issues identified by the SCR 33 by improving connections with children and family; developing appropriate programs, treatment and services for female offenders; creating a re-entry focus and community foundation for rehabilitation; improving training and staffing; and developing gender-responsive policies, practices, and programs.

### **A Review of Classification Models for Women Offenders (2006)<sup>2</sup>**

The CDCR offender classification system was recently examined in the 2006 report, *A Review of Classification Models for Women Offenders*, by Patricia Van Voorhis of the University of Cincinnati. This review provides substantial information about the present state of the CDCR classification and assessment system. This review found the following:

1. The current classification system does not adequately assess needs, particularly gender-responsive needs.
2. The custody/level system is complicated, redundant, and difficult to understand.
3. It is not clear the level and custody models predict (or are relevant to) women's misconducts. In other words, it is not clear the system is valid for women.
4. Current classification procedures result in over classification of women offenders, and deny women access to needed programs.
5. The organizational capacity for implementing changes envisioned for women's programs and services is severely limited, particularly with regard to staff professionalism and skill sets relevant to CDCR's rehabilitation mission.
6. Outmoded information systems preclude attempts to monitor the validity of the State's classification protocols in an efficient manner. (The State was, however, in the process of revamping the system at the time of this site visit.)

This report concluded the current classification system undermined CDCR's ability to manage secure facilities and provide rehabilitative programming.

This review recommended that CDCR:

- Adopt a gender-responsive classification risk/needs tool to use with both incarcerated and transitioning women offenders.

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<sup>2</sup> Van Voorhis, Patricia. (2006) *A Review of Classification Models for Women Offenders*. University of Cincinnati.

- Develop a case planning tool to accompany the assessment instrument.
- Assess the validity of the existing classification system in terms of its ability to predict the misconduct of female offenders.
- Review 115 offense codes to accurately reflect misconduct of female offenders.
- Reevaluate the custody policies with respect to women offenders.
- Evaluate the training agendas for their attention to the CDCR rehabilitative focus.
- Seek staff buy-in for the mission of gender-responsive services.
- Automate the misconduct system to assist in validating the classification system and evaluate new programs.

### **Trends and Patterns in the Data for Female Offenders in California**

The characteristics and behaviors of female offenders provide an empirical foundation for gender-responsive policy and practice. California's female offenders have a specific profile that mirrors national findings. Current research has established women offenders differ from their male counterparts in personal histories and pathways to crime.<sup>3</sup> They are less likely than men to have committed violent offenses and more likely to have been convicted of crimes involving drugs or property—posing a lesser risk to the community. Women's most common pathways to crime are based on survival of abuse, poverty, and substance abuse—suggesting these domains as promising targets for treatment.

In its investigation of female parolees in California, the LHC provides a profile of the female offender:

*The average female offender in California is in her late thirties. She is likely to have been a victim of physical or sexual abuse early in life. She is addicted to drugs, often has mental health issues and most likely was sent to prison for using drugs or stealing to support a drug habit. She also is likely to be a mother, and frequently the primary caregiver of young children. (The LHC, 2004, page 5)*

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<sup>3</sup> Bloom, et al., (2003). This research provides the empirical and theoretical foundation for gender-responsive strategies.

The following summarizes the profile of female offenders in California.<sup>4</sup> These CDCR data show that:

- At year end (December 31, 2007), 11,416 adult females were incarcerated in CDCR facilities.
- The majority (61 percent-or almost 7,000) of all adult female offenders have been convicted of nonviolent offenses (property and drug violations). Thirty-three percent have been convicted of property crimes, 28 percent for drug crimes posing limited risk to the community.
- Fewer than 13 percent of the female population are second or third strikers, indicating a shorter criminal career. As of December 2007 only 82 women were serving third strike sentences.
- While in custody, female inmates continue to be nonviolent, with the majority (65 percent) of all offenders classified in Level I/II designations, 39 percent of whom are classified as Level I.
- Among those serving life terms, and those classified as “violent offenders”, the majority of both groups are classified as Level II.
- Like other female inmates nationally, women of color are overrepresented in California prisons. Thirty-six percent of the population are white; 29.5 percent of the female adult offenders are black; 29 percent are Hispanic; and, 5.5 percent come from “other” racial backgrounds.
- The median time served for female offenders is 9.2 months.

Altogether, these empirical observations add additional weight to the notion that most women offenders are nonviolent and their crimes typically present a lesser threat to community safety. Moreover, decisions regarding their security classification within an institution should take this lower profile into account. Understanding the unique characteristics of the female offender population is crucial to inform the development of appropriate policy, operational, and programmatic responses.<sup>5</sup>

As we gain more and more information about our female offender population, the differences between the male and female offenders are highlighted. The profile of the female offender becomes more distinct. This understanding is essential for policymakers and those who shape and implement approaches targeting the female population to create programs that will be successful in improving our outcomes as well as the lives of the offenders themselves.

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<sup>4</sup> Data provided by CDCR offender information services branch. Unless otherwise noted, the data provided is as of December 31, 2007.

<sup>5</sup> Bloom et al., (2003), p. 8.

Data on admissions and releases were also used in the development of this plan.

#### Admissions:

- 7,936 adult women were admitted to CDCR custody in 2007.
- 75 percent of all admissions in 2007 were new admissions, while nearly 25 percent were parole violators with a new term.
- More than 78 percent of all admissions in 2007 were for nonviolent offenses:
  - 11.8 percent crimes against persons
  - 44.3 percent property offenses
  - 34.6 percent drug offenses
  - 5.9 percent other

#### Releases:

- In fiscal year 2007, 13,821 female offenders were paroled. Of these:
  - 12,419, or 89.9 percent were nonserious, nonviolent offenders
  - 12,613 or 91 percent were incarcerated for less than 18 months in the CDCR
  - 7,237 were incarcerated for fewer than 6 months
  - 4,165 were incarcerated between 6 and 12 months
  - 1,211 were incarcerated between 12 and 18 months

In sum, this profile provides additional insights in the proportion of nonserious crimes committed by women (nearly 90 percent). Furthermore, the rather short length of stay of women offenders in custody poses challenges/opportunities for working with women offenders. For example, short lengths of stay may be incompatible with general operation policies and procedures (e.g., case review procedures); place time constraints on treatment planning; and, raise questions about the geography and culture of institutional placement to optimize outcomes for women.

### **Women Offenders and Their Children<sup>6</sup>**

When women are imprisoned the family appears critical (Bloom, 2000).<sup>7</sup> Significant stressors at this time include worry, pain, and anxiety over separation from children; concern over children's well-being; their placement in foster homes, social services or adoption; and, concern over legal rights. Evidence is accumulating this anxiety

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<sup>6</sup> Powell, M.A. & Nolan C. (2003). *California State Prisoners with Children: Findings From the 1997 Survey of Inmates in State and Federal Correctional Facilities*. November.

<sup>7</sup> Bloom, B. (2000). *Beyond recidivism: Perspectives on evaluation of programs for female offenders in community corrections*. In M. McMahon (Ed.), *Assessment to assistance: Programs for women in community corrections* (pp. 107–138). Latham, MD: American Correctional Association.

significantly impacts both women's institutional adjustment and their post-release behavior (Hardyman and Van Voorhis 2004).<sup>8</sup> Most female offenders are mothers and visits with their children can be key to motivating them to change their behavior and eventually reduce their risk of recidivism. Understanding how such family-based issues impact women offenders is important in selecting appropriate treatment programs that can ensure the best outcomes for women and their children, not only in jail or prison settings but also in probation, parole, and community correctional settings. As discussed in their 2003 report, Powell and Nolan found:

- In 2001 about 192,000 children in California had a mother or father in prison.
- Most incarcerated women have children and about half were living with their child prior to incarceration.
- Only 10 percent of the women reported having personal visits with their children during their incarceration. More than 80 percent of the women, however, reported having monthly contact with their children, which included visits, mail, and telephone calls.

### **III. THEORETICAL PERSPECTIVES ON WOMEN AND CRIMINALITY**

#### **Introduction**

Assessment requires guidance from theory. Most current assessments do not sufficiently incorporate theoretical perspectives. In the case of assessment for women this partly results from unresolved theoretical debates and substantial gaps in research data. One problem is the identification and measurement of validated gender-specific assessment factors is at an early stage of development. This section reviews selected theoretical options that appear relevant in designing institutional assessment for women offenders although given the absence of sufficient research data caution is warranted. If antisocial behavior among women has different explanations and meanings then gender-specific factors may be required to explain female offending. Thus, mainstream theories have been questioned by researchers with a specific focus on female offenders, arguing for gender-specific needs, risks, and predictors (Bloom, Owen, and Covington, 2003; Chesney-Lind, 1997; and Daly and Chesney-Lind, 1988). For an overview and discussion of traditional criminological theories and a variety of gender-specific theories regarding their perspectives on and explanatory insight into female offending, please refer to Brennan, 2008.<sup>9</sup>

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<sup>8</sup> Hardyman, P. & Van Voorhis, P. (2004). *Developing Gender-Specific classification Systems for Women Offenders*. Washington, DC: U.S. Department of Justice, National Institute of Corrections

<sup>9</sup> Brennan, Tim (2007). From robust beauty to person-centered assessment. In: *Female Offenders, Critical Perspectives and Effective Interventions*. Boston, MA. Jones and Bartlett Publishers.

## Women's Pathways to Criminality

Research on women's pathways into crime indicates gender matters significantly in shaping criminality.<sup>10</sup> Researchers have noted the "profound differences" between the lives of women and men shape their patterns of criminal offending.<sup>11</sup> Among women, the most common pathways to crime are based on survival (of abuse and poverty) and substance abuse. The pathways approach incorporates a "whole life" perspective in the study of crime causation.<sup>12</sup> As summarized by Reisig et al., 2006,<sup>13</sup> this theory of female pathways to crime (Daly and Chesney-Lind, 1988)<sup>14</sup> suggests a range of personality and environmental factors that characterize several pathways or "idealized" types with specific profiles of risk and need factors. These include:

1. Street women: These women have fled severe domestic violence and are perhaps addicted and may rely on prostitution, drug dealing, or theft to survive.
2. Drug-connected women offenders: The gist of this pattern is the use, sales, or trafficking of drugs often in collaboration with an intimate partner or family member--although their drug history may be less extensive than that of street women.
3. Harmed and harming women: This pathway reflects long-term abuse and neglect, unstable living conditions, and continuing abuse. School, family, and delinquency problems may precede their own hostile aggressive demeanor. This profile is reminiscent of Moffitt's (1993) LCP offenders.
4. Battered women/situational offenders: The abuse of these women appears limited to their current intimate partner. They differ from other categories in that their criminal involvement appears situational or unlikely except for their relationship to the current violent partner.
5. Economic offending: The core of this pattern involves instrumental or economic crimes leading to fraud, theft, or embezzlement but with little evidence of other problems. While many of these women are poor and economically marginalized, others are motivated by greed or social aspirations.

The pathways research has used extensive interviews with women to uncover the life events that place girls and women at risk of criminal offending. Other studies

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<sup>10</sup> This section is summarized from Bloom, et al., (2003). This report contains more detail on studies summarized here.

<sup>11</sup> Steffensmeier, D., & Allan, E. (1998). The nature of female offending: Patterns and Explanations. In R.T. (Ed.), *Female offenders: Critical perspectives and effective interventions* (pp. 5-29). Gaithersburg, MD: Aspen Publishers, as cited by Bloom et al., (2003), p. 52.

<sup>12</sup> Belknap, J. 2001, *The invisible woman :Gender, crime, and justice*. Belmont, CA: Wadsworth, p. 11.p. 402, as cited by Bloom et al., (2003), p. 52.

<sup>13</sup> Reisig M. D, Kristy Holtfreter and Merry Morash (2006) Assessing recidivism risk across female pathways to crime. *Justice Quarterly*, 23 (3), 384-405.

<sup>14</sup> Daly, K., & Chesney-Lind, M. (1988). Feminism and Criminology. *Justice Quarterly*, 5, 497-535.

use presentence investigative reports<sup>15</sup> and official records.<sup>16</sup> These diverse data collection strategies “sequence” the life events that shape women’s choices and behaviors.

Research on female offenders has established conclusively women enter the criminal justice systems in ways different from those of male offenders. The following differences have been empirically documented:

- The role of violence, trauma, and substance abuse in criminal pathways<sup>17</sup> offense and reoffense patterns.<sup>18</sup>
- The impact of responsibilities for children and other dependent family members, and reduced ability to support self and children.<sup>19</sup>
- Race and ethnicity and the impacts of these in terms of crime, violent partners, and substance abuse.<sup>20</sup>
- Connections with violent and substance-abusing partners.<sup>21</sup>

Recent work on the totality of women’s lives has established that because of gender, women are at greater risk of experiencing sexual abuse, sexual assault, and domestic violence. They are also more likely than men to have the responsibility of

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<sup>15</sup> Daly, K. (1992). Women’s pathways to felony court: Feminist theories of lawbreaking and problems of representation. *Review of Law and Women’s Studies*, 2, 11-52, as cited by Bloom et al., (2003), p. 52.

<sup>16</sup> Widom, (2000). Childhood victimization: Early adversity, later psychopathology. *National Institute of Justice Journal*, 242, 2-9, as cited by Bloom et al., (2003), p. 53.

<sup>17</sup> Belknap, 2001; Browne, A., Miller, B., & Maguin, E. (1999). Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. *International Journal of Law and Psychiatry*, 22(3-4), 301-322; Daly, 1992; Dougherty, J. (1998). Power belief theory: Female criminality and the dynamics of oppression. In R. Zaplin (Ed.), *Female crime and delinquency: Critical perspectives and effective interventions* (pp. 133-163). Gaithersburg, MD: Aspen Publishers; Owen, B. (1998). *In the mix: Struggle and survival in a women’s prison*. Albany, NY: State University of New York Press; Pollock, J. (1999). *Criminal women*. Cincinnati, OH: Anderson Publishing Co.; Widom, 2000; Richie, B. (1996). *The gendered entrapment of battered, black women*. London: Routledge, as cited by Bloom et al., (2003), p. 53.

<sup>18</sup> Kruttschnitt, C. (2001). Gender and violence. In C. Renzetti & L. Goodstein (Eds.), *Women, crime, and criminal justice* (pp. 77-92). Los Angeles, CA: Roxbury Press; Steffensmeier, D. (2001). Female crime trends, 1960–1995. In C.M. Renzetti & L. Goodstein (Eds.), *Women, crime, and criminal justice: Original feminist readings* (pp. 191-211). Los Angeles, CA: Roxbury Publishing Company, as cited by Bloom et al., (2003), p. 53.

<sup>19</sup> Enos, S. (2001). *Mothering from the inside*. Albany, NY: State University of New York Press, as cited by Bloom et al., (2003), p. 53.

<sup>20</sup> Pollock, 1999; Bloom, B. (1997, September). *Defining gender specific: What does it mean and why is it important?* Paper presented at the National Institute of Corrections Intermediate Sanctions for Women Offenders National Project Meeting, Longmont, CO, as cited by Bloom et al., (2003), p. 53.

<sup>21</sup> Browne, A. (1987). *When battered women kill*. New York, NY: Free Press; Richie, 1996, as cited by Bloom et al., (2003), p. 53.



caring for children. The pathway research has identified key issues in producing and sustaining female criminality, as explored below.<sup>22</sup>

### ***Histories of Personal Abuse***

Empirical research has established that female offenders have histories of sexual and/or physical abuse that appear to be causally linked to subsequent delinquency, addiction, and criminality.<sup>23</sup> Abusive families and battering relationships are also strong themes in the lives of female offenders.<sup>24</sup> Frequently, women have their first encounters with the justice system as juveniles who have run away from home to escape situations involving violence and sexual or physical abuse. Prostitution, property crime, and drug use can become a way of life for these individuals.

### ***Mental Illness***

These emotional disconnections can contribute to criminal pathways in a variety of ways.<sup>25</sup> Many women suffer from some form of mental illness or co-occurring disorder. According to the Bureau of Justice Statistics, nearly eight in ten female offenders with a mental illness reported having experienced prior physical or sexual abuse.<sup>26</sup>

### ***Substance Abuse***

The link between female criminality and drug use has been found to be very strong, with the research indicating women who use drugs are more likely to be involved in crime.<sup>27</sup> Approximately 80 percent of women in state prisons have substance abuse problems,<sup>28</sup> and about 50 percent of female offenders in state prisons had been using alcohol, drugs, or both at the time of their offense.<sup>29</sup> Nearly one in three

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<sup>22</sup> Bloom, et al., (2003).

<sup>23</sup> Pollock, (1999); Belknap, (2001); Chesney-Lind, M. (1997). *The female offender: Girls, women and crime*. Thousand Oaks, CA: Sage Publications; Widom, C.S.(1995). *Victims of childhood sexual abuse—Later criminal consequences*. Research in Brief. Washington, DC: Office of Justice Programs, National Institute of Justice; and Widom, (2000), as cited by Bloom et al., (2003), p. 53.

<sup>24</sup> Chesney-Lind, 1997; Owen, B. & Bloom, B. 1995. Profiling women prisoners: Findings from national survey and California sample. *The Prison Journal*, 75(2), 165-185, as cited by Bloom et al., (2003), p. 53.

<sup>25</sup> Covington, S. (1999). *Helping women recover: A program for treating substance abuse*. San Francisco, CA: Jossey-Bass, as cited by Bloom et al., (2003), p. 53, as cited by Bloom et al., (2003), p. 53.

<sup>26</sup> Bureau of Justice Statistics, 1999. *Correctional populations in the United States, 1996*. Washington, DC: U.S. Department of Justice, as cited by Bloom et al., (2003), p. 53.

<sup>27</sup> Merlo, A., & Pollock, J. (1995). *Women, law, and social control*. Boston, MA: Allyn & Bacon, as cited by Bloom et al., (2003), p. 53.

<sup>28</sup> Center for Substance Abuse Treatment. (1997). *Substance abuse treatment for incarcerated offenders: Guide to promising practices*. Rockville, MD: U.S. Department of Health and Human Services, as cited by Bloom et al., (2003), p. 53.

<sup>29</sup> Bureau of Justice Statistics, 1999. *Correctional populations in the United States, 1996*. Washington, DC: U.S. Department of Justice, as cited by Bloom et al., (2003), p. 53.

women serving time in state prisons reports having committed the offense to obtain money to support a drug habit. About half describe themselves as daily users.

### ***Economic and Social Marginality***

Many women on the social and economic margins struggle to survive outside legitimate enterprises, bringing them into contact with the criminal justice system. Economic marginalization, often shaped by disconnections from conventional institutions such as school, work, and families, further increases the likelihood of criminal behavior. A significant proportion of women in the criminal justice system have little education or work experience and significant histories of personal abuse.<sup>30</sup>

### ***Homelessness***

A result of severed social relations, economic vulnerability, addiction, and abuse, homelessness is a frequent complication in the lives of women involved in the criminal justice system.<sup>31</sup> Researchers have found homeless women are far more likely than their male counterparts to have young children in their care and to be more dependent on public assistance. Homeless women are also more likely than men to be victims of sexual abuse.<sup>32</sup>

### ***Relationships***

Another gender difference found in studies of female offenders is the importance of relationships with criminal involvement often having come about through relationships with family members and significant others.<sup>33</sup> Women are often first introduced to drugs by partners who frequently continue to be their suppliers. Women's attempts to get off drugs and their failure to supply partners with drugs through prostitution often result in violence from their partners; however, many women remain attached to partners despite neglect and abuse<sup>34</sup>

In identifying the specific events and contexts of women's lives that promote criminal behavior, the pathways perspective has made significant contributions to our understanding of women's criminality. This perspective appears to be most

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<sup>30</sup> Owen & Bloom, 1995; Owen, 1998; Chesney-Lind, 1997; Bloom, B. (1996). *Triple jeopardy: Race, class and gender as factors in women's imprisonment*. Riverside, CA: UC Riverside, as cited by Bloom et al., (2003), p. 53.

<sup>31</sup> Bloom, B. (1998). Women with mental health and substance abuse problems on probation and parole. *Offender programs report: Social and behavioral rehabilitation in prisons, jails and the community*, 2(1), 1-13. Kingston, NJ: Civic Research Institute. 150, as cited by Bloom et al., (2003), p. 53.

<sup>32</sup> North, C.S., & Smith, E.S. (1993). A comparison of homeless men and women: Different populations, different needs. *Community Mental Health Journal*, 29(5), 423-431, as cited by Bloom et al., (2003), p. 54.

<sup>33</sup> Chesney-Lind, 1997; Covington, S. (1998a). The relational theory of women's psychological development: Implications for the criminal justice system. In R. Zaplin (Ed.), *Female offenders: Critical perspectives and effective intervention* (pp. 113-131), as cited by Bloom et al., (2003), p. 54.

<sup>34</sup> Bloom et al., (2003), p. 54.

promising in terms of providing an empirical framework for the development of gender-responsive principles, policies, and practices. Further, the perspective helps sort out the types of programs and services that should be designed to target pathways to repeat offending in both the institution and the community.

## **Relational Theory and Female Development**

Another way of understanding gender differences is found in relational theory, which has developed from an increased understanding of gender differences and, specifically, of the different ways in which women and men develop psychologically.<sup>35</sup> The importance of understanding relational theory is reflected in the recurring themes of relationship and family seen in the lives of female offenders.<sup>36</sup> Disconnection and violation rather than growth-fostering relationships characterize the childhood experiences of most women in the criminal justice system. A relational context is critical to successfully address the reasons why women commit crimes, the motivations behind their behaviors, the ways they can change their behavior, and their reintegration into the community.

## **Trauma Theory**

Trauma and addiction theories provide a basis for gender-responsiveness in the criminal justice system.<sup>37</sup> Over the past 100 years, there have been a number of studies of trauma, with various experts writing about the process of trauma recovery.<sup>38</sup> It is now understood there are commonalities between rape survivors and combat veterans, between battered women and political prisoners, and between survivors of concentration camps and survivors of abuse in the home. Because the traumatic syndromes have basic features in common, the recovery process also follows a common pathway.

## **Addiction Theory**

A generic definition of addiction as “the chronic neglect of self in favor of something or someone else” has been suggested by Stephanie Covington.<sup>39</sup> This view conceptualizes addiction as a kind of relationship. According to Dr. Covington, the addicted woman is in a relationship with alcohol or other drugs, “a relationship characterized by obsession, compulsion, nonmutuality, and an imbalance of power.”<sup>40</sup> The relational aspects of addiction are also evident in the research that

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<sup>35</sup> Miller, J.B. (1976). *Toward a new psychology of women*. Boston, MA: Beacon Press, as cited by Bloom et al., (2003), p. 54.

<sup>36</sup> Chesney-Lind, 1997; Owen & Bloom, 1995, as cited by Bloom et al., (2003), p. 55ff.

<sup>37</sup> Bloom et al., (2003) p. 60.

<sup>38</sup> Herman, J. (1992). *Trauma and recovery*. New York, NY: Harper Collins, as cited by Bloom et al., (2003), p. 59.

<sup>39</sup> Covington, S. (1998b). Women in prison: Approaches in the treatment of our most invisible population. *Women and Therapy Journal*, 21(1), p. 141, as cited by Bloom et al., (2003), p. 61f.

<sup>40</sup> Covington, S., & Surrey, J. (1997). The relational model of women's psychological development: Implications for substance abuse. In S. Wilsnack & R. Wilsnack (Eds.), *Gender and alcohol*:

indicates women are more likely than men to turn to drugs in the context of relationships with drug-abusing partners in order to feel connected. Women also use substances to numb the pain of nonmutual, non empathic, and even violent relationships.<sup>41</sup> Therefore, it is important to integrate trauma theory and relational theory when developing substance abuse services for women.

#### **IV. REVIEW OF RESEARCH BASED PRACTICES**

##### **National Standards of Gender-Responsive Practices**

CDCR is committed to incorporating national standards and practices into this reform effort. For female offenders, these include the work of the NIC on gender-responsive strategies and standards established by the ACA.

##### **National Institute of Corrections**

In 2003 the NIC published the report, *Gender-Responsive Strategies: Research, Practice and Guiding Principles*, authored by Bloom, Owen, and Covington.<sup>42</sup> This report has been incorporated into strategic plans and state and national standards in multiple jurisdictions. NIC has also made these strategies and their supporting principles the foundation of their national training efforts.

These principles are:

Gender:	Acknowledge that gender makes a difference.
Environment:	Create an environment based on safety, respect, and dignity.
Relationships:	Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community.
Services and Supervision:	Address substance abuse, trauma, and mental health issues through comprehensive, integrated, culturally relevant services, and appropriate supervision.
Socioeconomic Status:	Provide women with opportunities to improve their socioeconomic conditions.
Community:	Establish a system of community supervision and re-entry with comprehensive, collaborative services.

Considerable research and theory has found that rational operational practice concerning female offenders requires separate investigation and development. The

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*Individual and social perspectives* (pp. 335-351). New Brunswick, NJ: Rutgers University Press., as cited by Bloom et al., (2003), p. 62.

<sup>41</sup> Covington & Surrey, 1997, as cited by Bloom et al., (2003), p. 62.

<sup>42</sup> Bloom, B., Owen, B. and Covington S. (2003) *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*. Washington DC: National Institute of Corrections.

NIC report describes the differences in male and female pathways into criminality, their differential response to custody and supervision, and other differing realities of the two genders. Recognizing and addressing these differences may lead to better outcomes for both men and women offenders in institutional and community settings.<sup>43</sup>

There is significant evidence female offenders differ from their male counterparts. These differences, which impact how women respond to incarceration, treatment, and rehabilitation, are demonstrated in a variety of ways including:

- Levels of violence and threats to community safety in their offense patterns.
- Responsibilities for children and other family members.
- Relationships with staff and other offenders.
- Vulnerability to staff misconduct and revictimization.
- Differences in programming and service needs while under supervision and in custody, especially in health and mental health, substance abuse, recovery from trauma, and economic/vocational skills
- Differences in re-entry and community integration.

Recognizing and addressing these differences form the core of the rehabilitative strategy for CDCR women offenders.

### **American Correctional Association Standards**

The ACA incorporated the NIC findings and those developed by the Office of Juvenile Justice and Delinquency Prevention into a policy statement regarding female offenders. (Ratified by the ACA August 1984, Revised and Amended February 2006.)

Summarized, the ACA policy states:

*Correctional systems must be guided by the principle of gender responsiveness for girls and women, and recognize the physical, behavioral, social, and cultural differences between female and male offenders and how those differences should be reflected in policies and practices. Female offenders must receive a full spectrum of services that recognize the realities of women and girls' lives and address the specific needs of this population.*

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<sup>43</sup> Bloom et al, (2003), p. vi.

## **Findings from the Female Offender Treatment and Employment Program Evaluation**

The Female Offender Treatment and Employment Program (FOTEP) is an example of a promising gender-responsive treatment program. The core components of FOTEP consist of providing parolees with residential drug abuse treatment through comprehensive case management, vocational services, and parenting-related services. FOTEP goals include: decreased recidivism, improved parental status, increased employment, and decreased dependence on welfare.

The most recent results on FOTEP outcomes compare FOTEP participants to a community comparison group.<sup>44</sup> Like other studies, this evaluation found longer time in treatment reduces return-to-custody significantly. At the 12-month follow-up, FOTEP participants demonstrated the following improved outcomes:

- Individuals who had completed FOTEP were 70 percent less likely to return-to-custody than noncompleters.
- FOTEP participants had lower rates of having used any illegal drugs during the 12-month period, they had lower rates of any alcohol use and they were more likely to participate in 12-step/self-help groups.
- FOTEP participants had higher rates of employment and were more likely to participate in vocational and job-seeking activities.
- FOTEP participants had higher rates of living with children and were more likely to receive needed social, treatment, and health care services.<sup>45</sup>

This study and others conducted by University of California, Los Angeles, provide evidence that recidivism, unemployment, and substance abuse is decreased by gender-responsive programming in the community.

## **The Community Continuum: A Re-entry Model**

In addition to gender-responsive principles, this plan is also based on the experiences of the federal Office of Justice Program's Prisoner Re-entry Initiative (PRI) sites.<sup>46</sup> This evidence-based practice provides a conceptual model of the offender re-entry process, and will be used in the design and implementation of CDCR'S re-entry programs.

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<sup>44</sup> C. Grella (2005) "Female Offender Treatment and Employment Program: Annual Evaluation Report, 2003-04" Integrated Substance Abuse Programs, University of California, Los Angeles

<sup>45</sup> C.Grella, (2005) "Female Offender Treatment and Employment Program (FOTEP) Summary of Evaluation Findings 1999-2004", p. 3-4.

<sup>46</sup> From Prison Safety to Public Safety: Innovations in Offender Re-entry. Faye S. Taxman, Douglas Young, James M. Byrne, Alexander Holsinger, and Donald Anspach, Bureau of Governmental Research. n. d.

- Phase I of the re-entry model is the institutional phase. The most successful re-entry programs begin at the outset of the prison stay. This phase involves developing and implementing an individual treatment plan based on a valid and systematic assessment of the offender's risk, needs, and strengths. A gender-appropriate assessment will be used to accurately assess these elements. The treatment plan is individualized and revised as the female offender moves through her sentence. The plan is modified prior to release.
- Phase II of the re-entry model is the structured re-entry phase. This phase provides a structured transition process from prison to the community; it involves increasingly intensive preparation for release, formalizing basic elements of the reintegration plan, and establishing stable connections in the community.
- Phase III of the re-entry model is the community reintegration phase. Here the focus is on sustaining gains made in the initial release period, refining, and maintaining the re-entry plan, and achieving independence from the formal case management process. The responsibility for reintegration is shared among partnering agencies and community.

The goal is to establish a seamless system of services that ensures continuity between institutional and community-based programming.

### **Applying the Principles, Standards, and Empirical Findings**

Considerable research and theory has found traditional operational practice concerning female offenders requires separate development. These data and the NIC report describe the differences in male and female pathways into criminality, their differential response to custody and supervision, and other differing realities of the two genders. Recognizing and addressing these differences could lead to better outcomes for both men and women offenders in institutional and community settings.

Policies, programs, and procedures that reflect these empirical, gender-based differences could:

- Increase the gender-appropriateness of services and programs.
- Make the management of women offenders more effective.
- Enable correctional facilities to be more suitably staffed and funded to decrease staff turnover, reduce sexual harassment, and improve program and service delivery.
- Decrease the likelihood of litigation against the criminal justice system.

This plan recognizes these empirical findings about female offenders by proposing a systematic approach addressing their gender specific needs. The plan is built on the principles and findings of the national standards, empirical and theoretical research, and evidence-based practices. By targeting and obstructing pathways to offending and developing gender-responsive and culturally sensitive policy, programs, and practice in all institutional and community facilities, CDCR will be able to increase opportunities for female offenders to successfully reintegrate into their communities.

## **V. CREATING AN ORGANIZATIONAL BLUEPRINT**

Criminal justice agencies are moving toward an evidence-based orientation where work can be evaluated using measures of efficiency and effectiveness. These evaluations require leadership to define how the organization produces outcomes. The specification is facilitated using an organizational blueprint where the logical connections between outcomes, practices, the agencies' rationale, and assessment are specified. Once complete, the agencies' blueprint may be evaluated and modified to improve the impact on individual and agency objectives. Regardless of the population, this type of framework is essential for understanding what an organization is doing, why it is doing it, what are the outcomes, and how can they be improved. Developing an organizational blueprint tailored to the needs and strengths of female offenders will create a solid foundation from which to start improving their outcomes.

The diagram below provides a framework for defining the organizational blueprint of a criminal justice agency. The framework includes five principle functions, which are the basis of effective case management and practices. The first component-Workload Demand-is an understanding of the workload drivers, e.g., social, technical, economic, and political trends, affecting the demand for service in the criminal justice system. Workload demands are measured at these macro levels and at the level of the system, agency, and individual. Risk and need assessment may be designed and tailored to provide these measures at a variety of levels, e.g., offender, agency, system, and community.

The second principle function is the rationale for the criminal justice system. Rationale may be a variety of defining statements including vision, mission, principles, and theory. In California, there is mounting effort to define a correctional system based in theories of rehabilitation, social control and most recently, theories of female criminality. Understanding criminological theories in general, as well as gender specific theories, helps to inform the types of services and practices clients need. For females, increased services in the areas of mental health, physical health, and substance abuse would be suggested. Additionally, practices and programs that are relational and promote healthy connections to children, family, significant others, and the community may also be incorporated. Further, given the design, policy makers are contemplating how evidence-based practice will optimize these designs and produce a safer public with reduced fiscal burdens. At the crux of



this conversation is the transition in the criminal justice design from a rationale based in incapacitation to a rationale informed by the need to ensure people committing crimes desist from these behaviors and return to a life without crime.

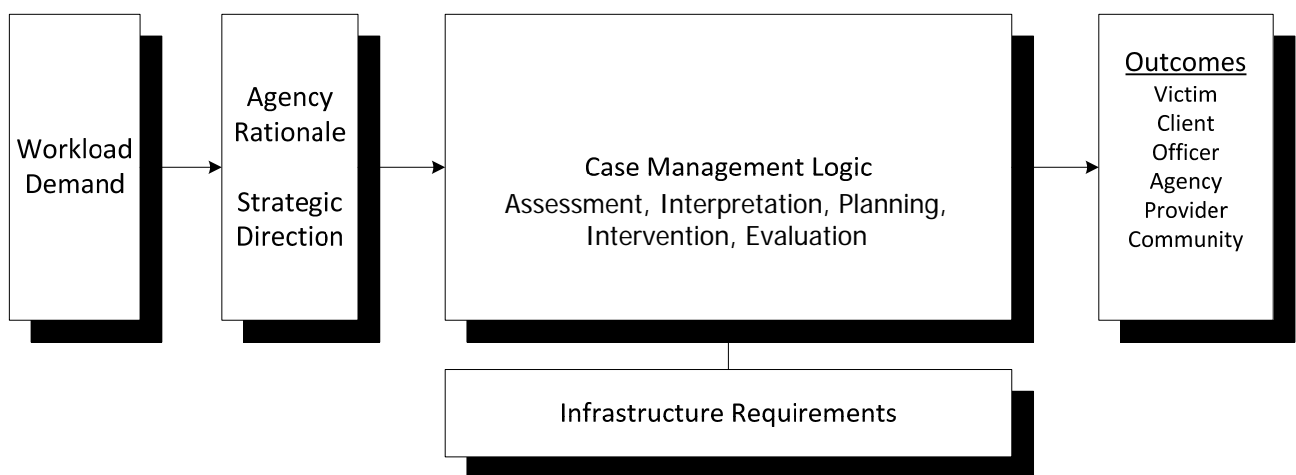
In this plan, California is examining how the criminal justice system functions to meet the needs of female offenders. The approach relies on a clear and accepted understanding of the experiences of women involved in crime and how these experiences inform practices.

The rationale answers the question of why and how the design will work to produce outcomes. It is often a challenging discussion to have with systems. Ultimately, the rationale is a thread woven through the criminal justice practice. The theoretical discussion outlined above is instrumental in informing the CDCR's rationale for working with female offenders. The challenge is selecting the core features of the theories and then using them to weave together effective approaches for working with female offenders.

Case Management Logic is the third primary function. It captures the work done in systems to produce the identified outcomes. Within the Case Management Logic are the dimensions of assessment, interpretation, planning, intervention, and evaluation. In this application, these dimensions will be tailored to the needs and strengths of the female population.

The fourth function, outcomes, captures the definitions and measures of success for the agency across an array of criminal justice stakeholders, i.e., victims, female clients, officers, agencies, providers, and the community.

## ORGANIZATIONAL BLUEPRINT



Finally, criminal justice agencies require a broad range of infrastructure. Infrastructure includes a range of capacity including technology, funding, policy formation, staffing and training, buildings, equipment, communication and

coordination mechanisms, and management activities. It is imperative a detailed assessment of both the inter- and intra-organizational infrastructure needs are conducted to ensure the infrastructure supports the organizational blueprint and the work of the organization. In particular, clearly inventorying needed infrastructure is especially important because infrastructure for supporting effective services are usually extensive, undervalued by the public, difficult to maintain, constantly changing, and routinely cut across numerous agency boundaries in the human services and criminal justice system.

This blueprint creates a common architecture for aligning effort in the criminal justice process. The alignment opportunities are specifically targeted to optimize the flow of work and information and to facilitate the most efficient and appropriate use of resources. The research conducted by the NIC on gender- responsive strategies suggests criminal justice efforts can be improved for females. This process also affords the opportunity for agencies to explore a variety of evidence-based improvements and build an infrastructure to support and monitor results.

### **PRIMARY CASE-FLOW PROCESS**

Mapping the case-flow process provides the context for decision-making in the agency. The criminal justice system is characterized by a series of decisions aligning the work of executive and judicial agencies. The quality of these decisions determines how effectively and efficiently the collective justice system functions.

A first step in aligning decision-making practices is mapping the decision points in the criminal justice system, particularly those decisions providing inputs to the agency and the decisions informed and affected by the agencies' work. The decision points form a literal "playing field" upon which the efforts of a variety of partners play out to produce outcomes. These decisions may be further specified to clarify decision makers, roles and responsibilities, policies and procedures, tools used to support the decisions, resources creating decision-making options, and the outputs of the decision.

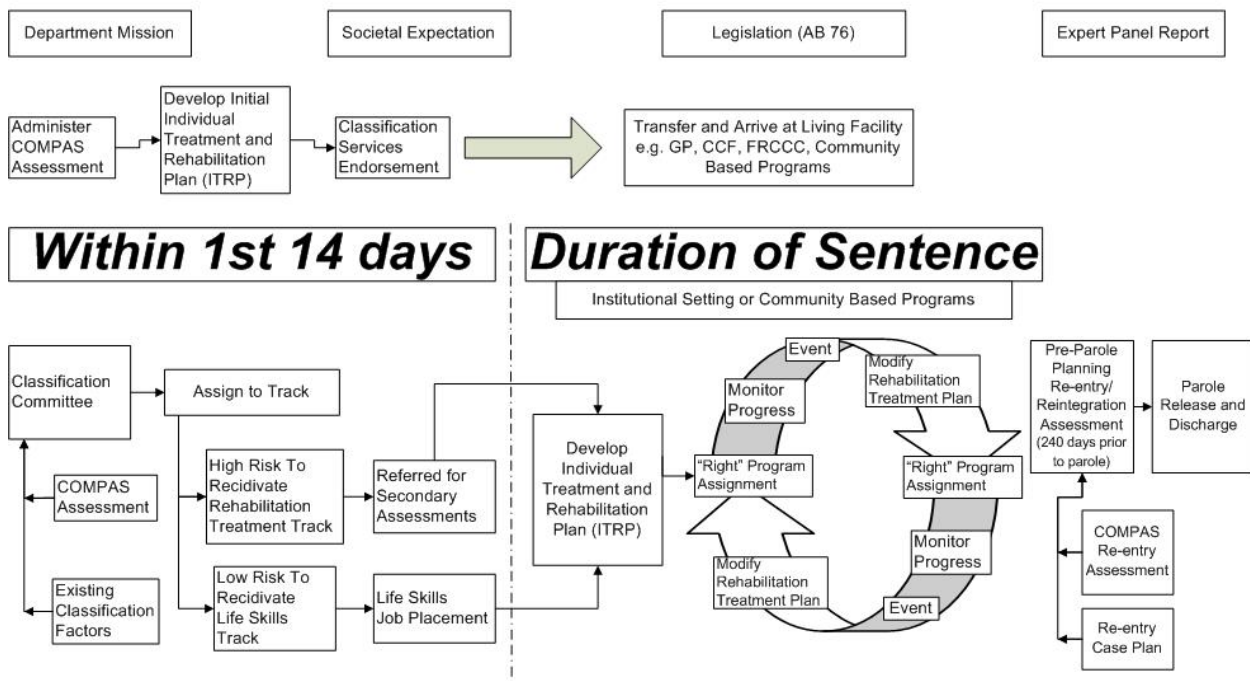
Northpointe in partnership with CDCR has mapped the case flow process for the California criminal justice decision points beginning with sentencing and carrying through discharge from parole.

As illustrated in the diagram on the next page entitled Female Offender Case Flow Process, the Department recognizes the need for a comprehensive and continuum of care approach to the management of female offender cases. The assessment of the offender's risk and needs begins within the first two weeks of the offender entering the prison system. Classification information is gathered to determine the offender's appropriate level of classification as well as identifying the offender's need for treatment and/or life skills/job placement programs. An initial ITRP is developed at that time.

Once the offender is placed at her assigned living facility, which could be in an institutional setting or within a community-based program, the ITRP continues to be refined and a “final” plan is developed. Throughout the duration of the female offenders’ final sentence, her ITRP is used as a roadmap, guiding the offender and staff, and assisting them in making appropriate program assignments. By monitoring the progress of the offender, staff will be able to reassess the viability of the plan and the need to make program modifications as the offender continues through her sentence.

Participation in and completion of focused treatment programs and training during the offender’s period of incarceration is only one step towards the ultimate goal of successful reintegration into the community and family reunification. The treatment programs and life skills training are essential as they provide the working tools the offender will need once she is released on parole and eventually discharged. As shown in the diagram, preparole planning and the preparation for re-entry into the community are supported by the continued assessment of the offender and the development of a case plan. The focus continues to be on needs of the offender as she transitions out of incarceration, returns to her community, reconnects with her family, and is eventually discharged from parole.

**Female Offender Case Flow Process**  
**California Department of Corrections and Rehabilitation**  
**The Role of Risk and Needs Assessment in the Rehabilitation Process**

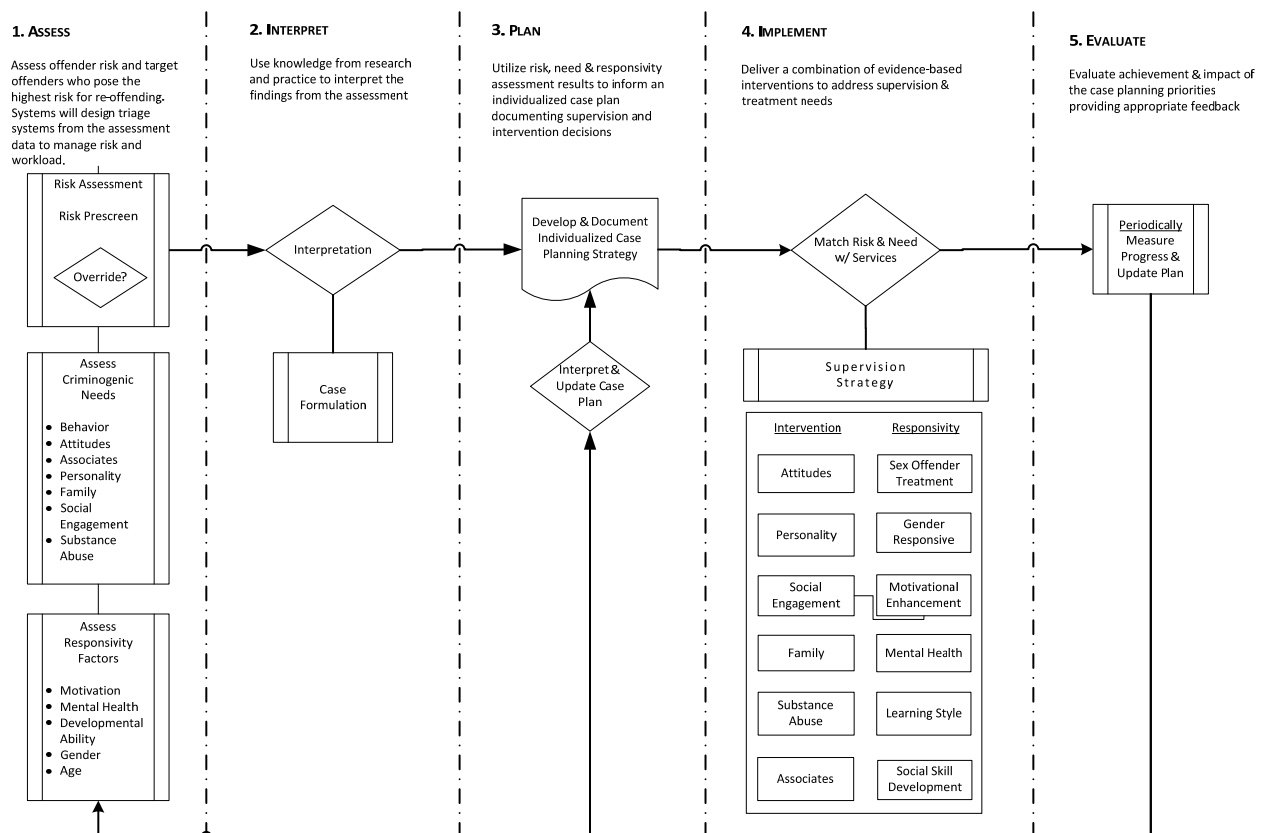


## SPECIFICATION OF THE CASE MANAGEMENT DESIGN

The Expert Panel Report (Appendix B of 2007 Report-CDCR 2007) detailed a case management logic model. The logic model has been modified and is incorporated below as a tool to help map the case management process for female offenders. With the case flow process specified, agencies are able to explore how the case management function is conducted. The requirements and emphasis of the case management design changes as cases move through the criminal justice case flow process. For example, the case management practice in probation prioritizes different risk features, perhaps different need features, different partnership features, and different infrastructure features than the case management practice in a correctional institution or as a case reenters the community on parole.

Although the case management requirements and emphasis may change in response to decision making priorities, the fundamental design components remain fairly stable.

### CASE MANAGEMENT LOGIC MODEL



CDCR's ability to implement the Case Management Logic Model is dependent upon several factors. By March 2009 the Department is legislatively required to conduct a staffing analysis of all current job classifications assigned to each prison that houses only females and develop a staffing plan in response to that analysis. The staffing needs related to the Case Management Logic Model will be reflected in this staffing

plan. The successful implementation of the model is dependent upon acquiring the needed resources to support the appropriate level and mix of staff as well as addressing any labor ramifications identified during the implementation of the model. The level of success achieved will be dependent upon the level of resources provided for implementation.

## **VI. CALIFORNIA'S FEMALE OFFENDER BLUEPRINT**

CDCR and the GRSC developed the California Female Offender Blueprint to improve outcomes for women based on a new vision and mission for rehabilitation. The outcomes focus on decreasing recidivism as well as supporting family reunification, enhancing successful reintegration into society, strengthening family bonds and support systems, and breaking the cycle of intergenerational incarceration. This new approach and strategic direction are described below along with objectives for implementing the blueprint.

### **The Gender Responsive Strategy Commission**

In early 2005 the CDCR established a GRSC to assist in the development of a master plan for female offenders. This advisory commission is comprised of representatives of the various disciplines within CDCR, community partners, nationally recognized experts on female offenders, previously incarcerated individuals, family members of women offenders, and other external stakeholders, including labor, the California Commission for the Status of Women, the LHC and legislative representatives. Several subcommittees provide input to CDCR on institutional operational practice and policy, treatment programs, community re-entry, medical and mental health, and parole. The Associate Director of the FOPS office chairs the commission.

### **A New Vision and Mission for Rehabilitating Female Offenders**

CDCR developed a new vision and mission for rehabilitating female offenders with assistance and significant input from the GRSC. The vision, mission, and this plan are future-driven and target the female offenders' pathways to crime, repeat offending and recidivism. It provides a blueprint for CDCR to incorporate gender-responsive and empirically based national standards in:

- Operational practice.
- Program development.
- Medical and mental health care.
- Substance abuse and trauma treatment.
- Family reunification.
- Community reintegration.

## **Vision**

The FOPS office will provide an environment where female offenders are treated with dignity and respect and receive gender-responsive supervision, treatment, and services. This will increase opportunities for successful reintegration into their communities, reducing the number of females incarcerated while protecting the safety of the people in the state of California.

## **Mission**

The FOPS office will provide the female offender with gender-responsive treatment and services that will enable her to successfully reintegrate into the community, reduce recidivism, and break the intergenerational cycle of incarceration.

With CDCR's renewed emphasis on rehabilitation, the FOPS office commits to effectively manage the correctional system by extending its responsibilities beyond incarceration to provide gender-responsive services that will improve female offenders' readiness for successful reintegration into society by:

- Creating policies and operational practice that ensure a safe and productive institutional and community environment.
- Developing and implementing "wrap-around" educational, vocational and treatment programs that target pathways to repeat offending in all female CDCR facilities.
- Establishing community-based rehabilitative and re-entry assessment centers for low-risk female offenders by implementing a system of community beds.
- Meeting the physical and mental health needs of female offenders through gender responsive treatment.
- Breaking the intergenerational cycle of incarceration by enhancing parenting skills and increasing visitation opportunities between mother and child.

## **Master Plan Development**

Considerable research and information has been gathered in the development of the gender-responsive strategies described in this master plan. This master plan rests on five interrelated sets of foundational information:

1. The History of Reform for California's Female Offenders, particularly the findings of the LHC.
2. Theoretical Perspectives on Women and Criminality and the Criminal Justice System.
3. National Standards of Gender-Responsive Practices.

4. A Review of Classification Models for Women Offenders (2006)<sup>47</sup> and The Profile of the Female Offender in California.
5. Evidence-Based Practice.

In addition, this plan incorporates the requirements of Penal Code Section 3430 which identifies the duties of CDCR regarding female offenders. (See Appendix Section 4.)

The evidence shows targeting female pathways to crime through community programs, providing gender-responsive treatment and education improves outcomes and reduces recidivism. Furthermore, evidence-based, gender-responsive, culturally sensitive approaches have the greatest potential for breaking the cycle of crime for women offenders and their children. Because women offenders are most likely to have children, the commission has found children of women offenders are significantly poorer and experience significant pains by being separated from their mother. When implemented, this plan will have a significant impact on the life chances of these children as the recidivism of their mothers decreases through the application of gender-appropriate rehabilitative approaches.

CDCR has built on the evidence by adopting a new, evidence-based community housing strategy for those eligible offenders who want to program while serving their time in the community. These female offenders will transition to smaller, more effective community-based facilities and receive comprehensive wrap-around services to enhance female offender programming success and decrease recidivism. This pragmatic approach is anticipated to produce tangible benefits for female offenders, support family reunification, and enhance successful reintegration into society. Additionally, it is expected to strengthen family bonds and support systems, break the cycle of intergenerational incarceration by providing focused parenting counseling and skills training while enhancing visitation opportunities. Continuity of care on parole will be established by placing the female offender closer to the family unit and continuing relationships established with treatment providers and transitional programs in the community.

For those female offenders who remain in custodial settings, the plan outlines strategies to provide increased services and programs that both target re-entry and provide a safer and more productive gender-responsive environment. This includes the development of case management plans through the ITRP process that develops re-entry plans for all female offenders. This process is tied to a planned offender classification system that will be designed specifically for female offenders. Training and staffing will also reflect these changes, with enhanced gender appropriate training and the use of program and service positions now under development. Improved medical, dental, and mental health programs are also planned in collaboration with court appointed officials where appropriate.

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<sup>47</sup> Van Voorhis, Patricia. (2006) *A Review of Classification Models for Women Offenders*. University of Cincinnati

The California Organizational Blueprint is detailed below specifying the connections between outcomes, case management logic, agency rationale, and the workload demands appropriate for females in the system. The first row in the table describes how criminal justice efforts are modified to meet the needs of women offenders that typically commit nonviolent crimes. The Women's Pathways to Criminality Theory suggests females are often low risk offenders because survival (of abuse and poverty) and substance abuse are the most common pathways to crime. Using the case management logic and assuming their level of risk and nonviolent pattern of reoffending, community housing strategies and wrap-around services are suggested. These strategies and practices are aimed at providing rehabilitative services, improving recidivism rates, enhancing successful reintegration into society, and supporting family reunification. The other rows in the table can be interpreted similarly.

### **CALIFORNIA ORGANIZATIONAL BLUEPRINT**

<b>Workload Demand for Females in California</b>	<b>Rationale</b>	<b>Case Management Logic: Assess, Interpret, Plan, Implement &amp; Evaluate</b>	<b>Outcomes</b>
1. Female offenders typically commit nonviolent crimes involving drugs or property.	1. Women's Pathways to Criminality.  2. Little Hoover Commission.	1. Evidenced-based community housing strategy for nonserious, nonviolent female offenders. 2. Provide wrap-around services including opportunities to improve their socioeconomic conditions.	1. Females will receive appropriate rehabilitative services to decrease recidivism. 2. Enhance successful reintegration into society. 3. Support family reunification.
2. Female offenders are likely to have been a victim of physical or sexual abuse early in life.	1. Women's Pathways to Criminality.	1. Provide trauma informed services that address issues of physical and sexual abuse.	1. Females will receive appropriate rehabilitative services to decrease recidivism.
3. Female offenders often have physical and mental health issues including substance abuse.	1. Women's Pathways to Criminality.  2. Little Hoover Commission.	1. Provide trauma informed services that address physical health, mental health, substance abuse and co-occurring disorders.	1. Females will receive appropriate rehabilitative services to decrease recidivism.
4. Female offenders are frequently the primary caregiver of young children.	1. Women's Pathways to Criminality.	1. Provide practices and programs that are relational and promote healthy connections to children, family and significant others.	1. Females will receive appropriate rehabilitative services to decrease recidivism. 2. Enhance successful reintegration into society. 3. Support family reunification.
5. Female offenders often have a history of low educational attainment and their vocational training and work histories are very limited.	1. Women's Pathways to Criminality.	1. Provide access to educational and vocational services and programs.	1. Females will receive appropriate rehabilitative services to decrease recidivism. 2. Increase opportunities for economic success. 3. Enhance successful reintegration into society.



To meet the overall goal of reducing recidivism among female offenders, CDCR has identified the following set of objectives. These objectives are designed to meet the goals of Strategy 5.3 (CDCR's Strategic Plan-2007-2012) as outlined below. Additionally, the strategies consist of the thread that ties the California Organizational Blueprint together. The master plan is the agency rationale that provides strategic direction. The classification system is part of the infrastructure that will identify the workload that drives the services needed in the system. The ITRP is part of the case management logic that is used to provide services to females. Establishing community-based beds can also be considered part of the case management logic or work that needs to be done to achieve outcomes. Finally, ongoing gender-responsive training is part of the infrastructure requirements that are essential in all areas of the organizational blueprint [i.e., needs of females, theories, case management logic (assess, interpret, plan, intervene, and evaluate) and achieving outcomes].

**STRATEGY 5.3.1:** Create and distribute a female offender master plan that provides the framework for programming and managing female offenders.

**Objective I(a): Planning and Infrastructure**

CDCR has established and will maintain a GRSC and the FOPS office, which is managed by an Associate Director. Collaboratively, the GRSC and FOPS have developed and will update a master plan for female offenders. Subcommittees have been established to accomplish specific tasks.

**Objective I(b): Staffing**

FOPS will contract with the NIC to assess existing staffing patterns to create an appropriate staffing pattern for all community and institutional facilities.

**Objective II: Collaboration**

CDCR has contracted and partnered with nationally recognized subject matter experts to develop gender-responsive community and in-prison treatment services.

FOPS and GRSC will continue to work collaboratively with public and nonprofit organizations to accomplish the goal of reducing recidivism for female offenders. They will also continue to work with other federal, state, local, and community governments to identify regulatory, legislative and other barriers to obtaining access to community services. This includes the development of policy, as well as legislative and budgetary proposals to secure resources required to implement these reforms.

In collaboration with the Division of Addiction and Recovery Services, FOPS and the contractor partners will review and redesign gender-responsive

substance abuse treatment for women in community and prison-based programs. A series of five planning and design meetings have been conducted and five workgroups have been developed toward this end.

### **Objective III: Policies**

FOPS has established an ongoing Warden's Advisory Group (WAG) to conduct a comprehensive assessment of all policies and operational practices to determine their utility and appropriateness for the management and rehabilitation of adult female offenders. Policies and procedures are being reviewed in terms of trauma sensitivity and potential for revictimization.

This WAG will prioritize and develop a timeline for revising or implementing such policy and practice.

**STRATEGY 5.3.2:** Design and begin implementation of a mandatory, specialized, gender-responsive training for all staff who work with female offenders.

### **Objective IV: Training**

FOPS is developing gender-responsive recruitment and hiring policies. A gender-responsive training plan has been developed to provide specialized training to all staff. FOPS collaborated with experts and developed a 40-hour specialized curriculum for training staff who work with female offenders. Training will be ongoing.

**STRATEGY 5.3.3:** Establish community-based beds to house nonserious, nonviolent female offenders in a treatment environment that provides complete wrap-around services.

### **Objective V: Community Housing Programs**

In collaboration with contracted and community partners, FOPS will develop an array of community-based programs throughout California so women can receive services in their own communities. Current programs that house inmates in secure community settings will be expanded.

Specifically, the following housing programs have been developed and implemented by the Department to provide additional placement options and opportunities for female offenders:

**Drug Treatment Furlough-**This is a community-based in-custody program for nonserious, nonviolent offenders who have participated in substance abuse programs while incarcerated within an institution and who have 120 days or less on their prison sentence.

**Community Prisoner Mother Program-**This program provides the opportunity for inmate mothers to bond with their children and strengthen the family unit. Women with six years or less remaining on their sentence, and who have children under the age of six, participate in a structured residential treatment program in the community. The treatment program addresses substance issues, emotional functioning, self-esteem, parenting skills, and employment skills.

**Family Foundation Program-**This is a highly structured, alternative 12-month sentencing program for nonviolent pregnant and parenting female offenders that places emphasis on substance abuse treatment, parenting skills, and child development. The mothers are recommended for placement by the sentencing court and come directly from their county of commitment. They can bring one or two children under the age of six with them to the residential facility for treatment.

**Female Offender Treatment and Employment Program-**This program is for female offenders who are on parole, who have previously participated in a CDCR program such as a Drug Treatment Furlough, a Community Prisoner Mother Program, or a Family Foundation Program. The emphasis of the residential program is to provide substance abuse treatment for female offenders with children. Bed space is available for the children to live with their mothers. In addition to substance abuse treatment, all programs include family reunification services, parenting training, vocational training, and employment services.

**Female Rehabilitative Community Correctional Centers-**A network of Female Rehabilitative Community Correctional Centers (FRCCCs) will be developed to provide housing, sustenance, and gender-responsive programs and services for those eligible offenders who want to program while serving their time in the community. The goal is to provide services that will enhance their successful re-entry into society. These FRCCCs are small, community based facilities where eligible female offenders will participate in rehabilitative programming in the communities from which they came and where they will return upon their release from custody. FRCCCs will provide a range of services, which are strength-based, trauma-informed, family-focused and culturally competent. Parole services will be developed, including Female Residential Multi-Service Center (RMSC) programs, which will provide room and board along with gender-responsive wrap-around programs for adult female parolees. At a minimum, the following services will be provided:

1. Program Orientation
2. Risk and Needs Assessment
3. Individual Treatment and Rehabilitative Plan
4. Coordinated Case Management

5. Trauma Treatment
6. Substance Abuse Education and Treatment Counseling
7. Domestic Violence
8. Life Skills Development
9. Family Focused Services
10. Parenting Skills Training
11. Educational Services/GED Preparation
12. Vocational/Job Readiness Services
13. Referral to other appropriate agencies as needed
14. Discharge Planning
15. Alumni Group Participation

**Female Residential Multi-Service Center**—The Female Residential Multi-Service Center (FRMSC) will provide housing, sustenance, and gender-responsive services for eligible adult female civil addicts and felon parolees. Length of stay in this program is a minimum of six months and can be extended to one year. The FRMSC provides a continuum of care for female offenders upon their release from prison and can also be used as a remedial sanction by parole agents and/or the Board of Parole Hearing. The objective of the FRMSC is to provide female offenders the opportunity to increase their success in the community, to live a crime and drug-free lifestyle, improve their employment status and family relationships, discharge from parole, and reduce intergenerational crime and recidivism. By spring 2008 the Department will have a total of 75 FRMSC beds operating at three locations, Sacramento, Stockton, and Anaheim. It is anticipated another 75 beds will be activated in the fall of 2008 and an additional 100 beds will be online in early 2009.

**Leo Chesney Community Correctional Facility Trauma-Informed Substance Abuse Treatment Program**—CDCR is in the process of contracting with a private provider for the delivery of gender-responsive, trauma-informed substance abuse treatment for female offenders at the Leo Chesney Community Correctional Facility (CCF). This facility is the only CCF currently housing females. Through the efforts of FOPS, the CCF administration and CDCR's Division of Addiction and Recovery Services, the treatment programs at this facility will focus on the delivery of strength-based, trauma-informed, and culturally competent services. The services provided at this facility will include substance abuse treatment and education, trauma treatment, skill building, recreational activities, relapse prevention, sober living skills, 12-step meetings, parenting skills, and transitional planning for continuing care services.

## **A Long-Term Housing Plan**

Based on an analysis of the population profile and the recommendations of the LHC, this plan also describes a long-term community-based housing plan. An array of community correctional strategies will shift the majority of low-level and nonviolent offenders to community programs and end the reliance on, in the words of the LHC, “mega-prisons.” In addition to the new housing strategy, the Department’s plan for female offenders who remain in institutional settings is to initiate re-entry planning from day one using the Coordinated Case Management (CCM) process to assess, identify, and establish a treatment program targeting their pathways to offending as an additional critical element of its overall reform efforts for female offender programs.

**STRATEGY 5.3.4:** Create a gender-responsive classification system for female offenders.

### **Objective VI: Female Offender Classification and Assessment**

FOPS contracted with Patricia Van Voorhis, Ph.D. (University of Cincinnati), a national expert on offender classification systems, to examine the Department’s current classification system. This examination focused on concerns relating to the validity, overclassification and assessment of risk, and needs relevant to correctional rehabilitation with a special focus on gender-responsiveness. Dr. Van Voorhis’ review deemed the existing classification system invalid for female offenders.

The first step in addressing the classification system and assessment deficiencies is the development of a gender-responsive risk and needs instrument that accurately identifies the specific risks and needs of the female offender. Once that is developed and implemented, work can begin on the female offender classification system that incorporates the gender-responsive risk and needs information as a core component of this classification system.

FOPS is now validating a female offender risk and needs instrument that links female offenders to a continuum of programming, targeting successful reintegration designed for adult female offenders. These assessments will result in the development of an ITRP for each female offender.

Following the development of the risk and needs instrument, a female classification process will be designed to place women in appropriate community and institutional options and to bring CDCR’s classification systems into compliance with national standards.

FOPS will explore the development of institutional programming that integrates specific programs and services (e.g., trauma and survivors unit,

educational/vocational unit, mature/elderly, parenting, re-entry and other services). This programming will be behavior based and tied to the ITRP.

**STRATEGY 5.3.5:** Create an ITRP for each female offender that combines risk and needs assessment with an individualized case management plan.

### **Objective VII: Improve Safety**

Through the appropriate WAG, the Department has reviewed and established staff sexual misconduct protocols, which focus on prevention, investigation reporting, and treatment.

FOPS will develop programs that educate female inmates on sexual and physical safety, elder abuse, domestic violence, and increase reporting mechanisms for threats to safety. This includes developing Prison Rape Elimination Act (PREA) programs specifically designed for female offenders.

### **Objective VIII: Programs & Services**

In collaboration with experts, FOPS performed a gender-responsive, culturally sensitive assessment of programs and services to ensure programs are trauma informed and provide for personal growth, rehabilitation, and treatment that will facilitate successful reintegration into the community.

### **Re-entry Planning**

Using the ITRP, re-entry planning will occur at reception centers and will consist of a three-phase model for the development of a prescriptive plan for female offenders that will include all the programs in preparation for parole and community reintegration.

### **Trauma-informed Services**

FOPS will develop a comprehensive approach to prior violent victimization through a process that ensures all programs will be trauma-informed. Program components will include teaching women about trauma, abuse, and post-traumatic stress disorder, typical responses, and helping them to develop coping skills.

### **Vocational programs**

Community and institutional programs will be increased to improve economic self-sufficiency of the female offender with a focus on vocational and employment services. These programs will provide increased opportunities for female offenders to earn and save money while in CDCR custody.

Increasing licensure, apprenticeships, and “community ready” job certification will be explored.

### **Education**

In collaboration with the CDCR Educational Department, gender-responsive curricula for adult female offenders have been increased. Assessment tools are in place, such as the Risk and Needs Assessment (COMPAS), Test of Adult Basic Education (TABE), and Comprehensive Adult Student Assessment System (CASAS). All core curriculum textbooks are standardized and aligned with the California Department of Education (CDE) standards. In addition, training and licensing opportunities are provided to eligible offenders such as the Vocational Cosmetology Licensing Partnership with State Board of Barbering and Cosmetology. Access to college and other academic courses will be enhanced. Educational community furloughs will be explored.

### **Substance Abuse**

After review by national experts, FOPS collaborated with the Division of Addiction and Recovery Services to expand treatment modalities for community and institutional prison programming. These modalities include women-centered programming that is theoretically-based, trauma-informed and reflect best practices for women. They include a social model program, where staff members model appropriate behaviors and rely on peer influence to help participants achieve sobriety; a modified therapeutic community program which emphasizes the influence of the whole community, not just individual members, mutual help groups, such as 12-step programs and other treatment approaches.

FOPS will begin to integrate substance abuse and mental health treatment.

FOPS will work collaboratively with the Division of Addiction and Recovery Services to host planning and design summits that will assist with the development of a master plan for the women’s substance abuse treatment in institutions and community-based programs.

### **Long-Termers and Lifers**

FOPS will review programs and services for long-termers and lifers for program accessibility, housing options, and other areas.

## **Death Row**

FOPS will examine programs, policies, and living conditions for condemned female offenders. This review will include innovative housing and program options.

## **Post-55 Inmates/Aging Population**

FOPS will develop appropriate programs and services for those offenders over 55 years of age. This will include daily living assistance, work/program and housing protocols for post-55 inmates. FOPS will explore the possibility with the medical Receiver's office of having a geriatrician to provide chronic care management for geriatric services.

## **Objective IX: Wellness**

To ensure all services meet community and court-ordered standards, any efforts related to improving the health and well-being of the female offenders will be done in conjunction with and under the authority of the court appointed medical Receiver, as well as any court cases impacting these programs, such as *Plata* (Medical 2002), *Coleman* (Mental Health 1995), and *Perez* (Dental 2005).

Both community and institutional programs will adopt a wellness model to provide a more appropriate approach to staffing and services to serve the healthcare needs, emotional and physical of all women offenders. In collaboration with court-appointed experts, FOPS will develop and implement policies, programs, and procedures that address the issues of mental health, trauma, and substance abuse through comprehensive and integrated services and supervision.

Medical, dental, and mental health/treatment services will be coordinated with other institutional functions. FOPS will examine appropriateness of budget and staffing given female health care profiles and utilization.

## **Mental Health Services**

In collaboration with appropriate CDCR offices and court-appointed experts, FOPS will develop mental health services conducive to the female adult offenders in both institutional and community environments. This includes the integration of mental health, trauma, and substance abuse services for collaboration and understanding. These services will also become trauma-informed.

In January 2007 FOPS created a Psychiatric Services Unit (PSU) for women offenders. A temporary 10-bed unit has been activated at the California



Institution for Women (CIW) and a permanent 20-bed unit is in the planning and design stages. Also, a 45-bed acute intermediate care facility is in the design stage at CIW.

### **Physical Health**

A medical services subcommittee will develop recommendations for the expansion of medical services.

In response to legislation approved in 2005 regarding female inmates and wards, AB 478 (Lieber Chapter 608 Statutes of 2005), FOPS revised regulations and policies and developed more effective protocols to manage pregnant inmates and improve pre-/post-natal care.

The first female Correctional Treatment Center (CTC) was licensed at CIW in August 2006.

Peer education health programs and nutrition and exercise programs will be expanded.

### **Dental Care**

In collaboration with court-appointed experts, FOPS will work to improve dental care and introduce programs for rehabilitative dentistry for female offenders.

### **Objective X: Family Reunification**

FOPS will create additional opportunities to connect with children through community placement, improved visiting services and parenting programs. This will include expansion of the Chowchilla Family Express, creating parenting/child development classes, and addressing child custody/reunification issues.

To further support family reunification and improve visitation services, each of the female institutions now has a Family Services Coordinator (FSC). This individual works with the visitation staff, the inmates and their families to improve institutional adjustment, encourage family reunification at the time of release and reduce recidivism. The goal is to establish a "family friendly" environment that will encourage bonding and attachment between the inmate and her children or other family members. In the female institutions, the FSC will also participate in the development of the ITRP for inmates with minor children to ensure visitation and reunification are included in the initial rehabilitation plan.

FOPS will develop and implement the Bonding Mother with Babies program for 20 female offenders and their babies which will allow pregnant female offenders to bond and care for their children for an extended period, from birth up to 18 months, in a specialized nursery unit within the institutional setting. FOPS will also develop and implement the Parent/Child Visitation program that will work to build and strengthen systems of family support and family involvement during the period of a mother's incarceration. Both programs will be located at the CIW.

#### **Objective XI: Parole /Post-Release/Aftercare**

In 2005 Senate Bill (SB) 618 (Speier Chapter 603 Statutes of 2005) was approved which established the San Diego County Re-entry Program. This program is a collaborative effort between counties (beginning with San Diego) and the CDCR to comprehensively assess offenders at sentencing. It is also designed to provide case management both during the term of incarceration and after release to ensure offenders' assessed risks and need factors are addressed through existing programs. CIW is the female institution that is piloting SB 618.

In conjunction with this legislation and in collaboration with the Division of Adult Parole Operations, FOPS will develop a pilot of specialized caseloads for female offenders in counties where appropriate and provide specialized training to parole agents to address gender-responsive issues.

Community-based parole programs will be developed where the necessary supervision and assistance can be provided to assist women to become responsible, contributing citizens and help break the intergenerational cycle of incarceration.

As stated in the Department's Vision and Mission, CDCR's goal is to protect the public from crime and victimization. This is to be accomplished through a continuum of care, beginning with the safe and secure incarceration of offenders, next transitioning them through effective parole supervision and eventually reintegrating offenders into our communities. The offender's ability to successfully negotiate this continuum of care is based on the delivery of rehabilitative programs and services that specifically target the needs and risks of the individual offender.

FOPS has adopted the Case Management Logic Model as the comprehensive approach to be used in the planning for and provision of these needed rehabilitative services and programs. This model includes an assessment of the needs and risks of the female offender, the interpretation of the assessment information, the development and implementation of the individualized treatment plan, the evaluation of the progress of the offender, and finally, modifying the plan as needed as identified through the evaluation process.

As FOPS completes each of the objectives outlined above, careful attention will be paid to integrating the Case Management Logic Model by incorporating the five elements: assess, interpret, plan, implement, and evaluate, including modification of the ITRP as needed. First it will be important FOPS case managers accurately assess female offender risk and place women in the most appropriate institutional and intervention options. This is done by assessing women's needs and responsivity factors using the female COMPAS. Next, case managers will use knowledge from research and practice to interpret the findings from the assessment. Case managers will then develop a plan based on the risk, need, and responsivity assessment. This individualized plan will be used to make supervision and intervention decisions. The plan will be implemented based on a combination of evidence-based interventions to address supervision and treatment needs (see details specified in the California Organizational Blueprint table and Objective VIII detailing programs and services). Finally, staff will evaluate the achievements and impact of the case planning priorities, provide the appropriate feedback and modify the plan as needed.

These aspects of effective management practice, particularly conducting an appropriate assessment are essential to understanding the risks and needs of the female offender population in the California correctional system. The identified risks and needs will inform the evolution of the organizational blueprint and result in practices, programs, and services that are more sensitive to the needs of women. CDCR is committed to this gender-responsive approach designed to improve recidivism outcomes for the adult incarcerated and paroled female offenders under the supervision of the Department.

## **ASSESSMENT**

The first critical step in addressing the risk and needs of the female offender is to conduct a thorough inmate assessment. A successful solution cannot be devised and implemented if the problem is not clearly understood. To that end, the Department has contracted with the University of Cincinnati and with Northpointe, a private management consulting firm, for the development of a gender-responsive risk and needs instrument, known as the female COMPAS. This instrument, once validated, will be used in the development of a gender-responsive classification system. The classification model will be designed through a cooperative agreement between the NIC and the University of Cincinnati. This approach is designed to be applicable to both institutional and community correctional settings and to identify treatment needs as well as risk. Utilizing this classification model, a classification score would be determined based on the following factors:

1. Prior criminal history.
2. Current offense.
3. Adjustment to prior or current prison terms or community supervision.
4. Family support.
5. Relationship support.

6. Antisocial associates.
7. Mental health (depression, anxiety, psychosis).
8. Substance abuse.
9. Trauma/abuse.
10. Employment.
11. Education.
12. Self-esteem.
13. Self-confidence.
14. Parental stress.

This model also incorporates risk factors, predictive of serious misconducts in prison or new offenses for those who were supervised in community settings. The instrument is intended to serve as a tool to both identify higher risk offenders as well as the needs that contribute to the risk they pose for future offending or poor prison adjustment. It follows that treatment of these factors is likely to reduce risk. Additionally, the tool is designed to be dynamic; successful treatment, abstinence from substance abuse, and educational and employment attainments are likely to reduce future risk scores.

The construction research on this instrument finds its scale scores more accurately reflect women's offending while incarcerated and in the community than static prior history and current offense attributes. That is, high need women were more likely to incur prison adjustment problems and new offenses than women with static offense-related attributes.

The Department anticipates this alternative system will be especially relevant to the State's plan to move to holistic, wrap-around services through a case planning process referred to as the ITRP.

## **INTERPRETATION**

Once the appropriate information has been collected regarding the risks, needs, behavior, social factors, substance abuse issues, and mental health and developmental abilities of the female offender, the next step is to accurately interpret the information to form a clear picture and comprehensive understanding of the offender.

The goal is not to find excuses for the female offenders' past criminal behavior, but to maximize the use of her time under the jurisdiction of CDCR to ultimately change her future behavior. This is accomplished by applying the empirical research regarding women's pathways to criminality, i.e., history of personal abuse, mental illness, substance abuse, economic and social marginality, homelessness, and relationships. The interpretation of the assessment information also takes into account the significance of the offender's family and social relationships, the level of trauma she has experienced in her life and her relationship with alcohol and/or drugs as this indicates any possible addictions which must be addressed.

## **CASE PLANNING**

Through the case planning process, the female offenders' ITRP is developed. It is the primary responsibility of the FOPS case managers to review and incorporate all significant information acquired through the assessment and interpretation steps to ensure the offenders' ITRP is timely, comprehensive and focused on her individual needs. The initial ITRP is developed within the first 14 days of the offender's incarceration, but is further refined once her classification and housing placement have been determined.

The ITRP is comprehensive in that it identifies the risk and needs of the offender and the corresponding programs required to address those needs not only during the offender's institutional stay but also through community placement and her time on parole. The continuum of care concept is woven throughout the planning process to ensure the resulting ITRP is a cohesive plan, focused on the ultimate success of the offender once she has returned to her community.

## **INTERVENTIONS**

To significantly change the criminal life style the female offender has chosen, it is necessary to intervene with targeted services, specifically focused on the needs of the offender. These interventions, which have been identified in the ITRP, must be provided in the appropriate sequence to build on each other, to ensure a comprehensive, integrated, and gender-responsive approach to rehabilitation.

Depending on the assessment information collected for each female offender, the primary intervention targets outlined in the offender's ITRP will focus on the offender's:

- History of sexual and/or physical abuse.
- Exposure to trauma and the recovery process.
- Issues with mental illness and emotional disconnections with family, social, and community relationships.
- Need for substance abuse and/or addiction education and treatment and their connection to relationship issues.
- Education level attained and need for educational services.
- Degree of work experience and need for vocational and job readiness services.
- Issues of homelessness.

- Life skills development.
- Parenting skills training.
- Issues relating to family reunification.

## **EVALUATION**

The final element of the Case Management Logic Model is to evaluate the impact of the specific ITRP and the progress the female offender is making in the implementation of her plan. This is a critical piece of the model in that it will inform staff and the offender about the accuracy and responsiveness of the individual plan; it will provide feedback to management on the effectiveness of the overall planning process; and it may alert management to potential problems in other areas of the organization.

The evaluation process needs to address several important questions including:

- Have the needs of the offender been accurately identified?
- Does the ITRP reflect the appropriate composite of services and programs to effectively respond to these needs?
- Is the offender participating in the needed programs?
- If not, why not? What are the obstacles to program access?

To the extent these issues are identified relating to the assessment of the offender's needs, the corresponding programs and services included in the ITRP, and the level of participation on the part of the offender, this feedback is provided to the Case Manager to make the appropriate adjustments to the ITRP.

## **VII. OUTCOME-BASED EVALUATION**

### **Data, Research, and Evaluation**

The goal of the FOPS office is to reduce recidivism among female offenders. Because these offenders are most likely to have children, it is anticipated by impacting their criminal life style, great strides can also be made in breaking the cycle of crime and ending the problem of intergenerational crime. The ultimate success of the gender-responsive approaches outlined in this plan will be evident in reduced recidivism rates and in a reduction in the number of children entering the criminal justice system.

Performance measures enable managers and staff to focus on results. Therefore, in collaboration with CDCR's Office of Research, FOPS will create performance-based

goals to be accomplished by the contracted public and nonprofit organizations in both institutions and after-care settings. As part of this process, and to ensure the programs will be outcome-driven, performance measurements will be identified to gauge performance and monitor the progress and results of these gender-based strategies.

### **Outcome Measures**

In collaboration with the GRSC, the FOPS office and the CDCR's Office of Research, a performance-based process and outcome measures will be developed that assess each strategy. These measures will also be used to revise each strategy when appropriate with the goal of increasing CDCR's capacity to reduce recidivism for female offenders. Careful evaluation approaches will be designed to collect empirical measures of the effects of each strategy, to ensure that the Department's policies and practices are outcome driven. Research partners will include the University of California campuses at Irvine, Los Angeles, San Diego, and Davis; the University of Cincinnati, the NIC, and nationally recognized experts.

## **VIII. CONCLUSION**

Pursuant to national research, analysis and standards, this plan incorporates gender-responsive practices into a re-entry and community-based programming system. This plan relies on a system of community-based programs to manage and supervise eligible female offenders who want to program while serving their time in the community. Evaluation and other evidence collection mechanisms will be built into the strategies where applicable and will be used to reassess the effectiveness and utility of such approaches. This flexibility to reassess and revise the approaches is critical to the success of the plan. The Department has already begun to examine and analyze current operational practice for female offenders in terms of its gender-appropriateness and utility in application to the behavior and needs of female offenders. This process will continue as the master plan is assessed, implemented, and revised.

In summary, the plan, strategies and associated action items are evidence-based, reform oriented, and cost-effective. They address recidivism and breaking the cycle of intergenerational incarceration by providing a continuum of care and re-entry services for the female population. In the long run these reforms are expected to result in:

- Reduced female offender recidivism and associated future costs by using gender-responsive and evidence-based wrap-around programs and services. Successful results can also be evaluated for possible future application to appropriate segments of the male population.

- Increased partnerships with providers and community groups which will provide an expanded resource network and improved continuity of care for the individual.
- Improved societal impacts by strengthening bonds between mothers and their children, relieving demands on social service programs, and breaking the cycle of intergenerational incarceration. These mothers will become more productive citizens who can then work and be responsible for the care of their children.

The Department and the GRSC acknowledges it will take commitment and willingness on the part of policymakers and practitioners to actualize the vision and implement the principles and strategies of a gender-responsive criminal justice system. The savings to society by reducing women's involvement in the criminal justice system can benefit female offenders, their families, and their communities. Similarly, the efforts made will not only develop a more effective criminal justice system, but will also positively impact generations to come. This plan outlines a blueprint to meet these goals.



## IX. APPENDIX

This Appendix provides greater detail for information and data summarized in the master plan for women offenders. It is presented in 4 sections: Section 1. summarizes prior reform efforts. Section 2 presents more detailed data describing the incarcerated female population in California. Section 3 presents the Observations and Recommendations by Dr. Patricia Van Voorhis, Ph.D in her Review of Classification Models for Women Offenders. Section 4 is taken from the Penal Code Section 3430 Duties of the Department of Corrections and Rehabilitation Regarding Female Offenders.

### **Section 1: Prior Reform Efforts-A History of Reforming Women's Services in California**

#### **The Little Hoover Commission: *Breaking the Barriers for Women on Parole***

The most current reform effort, *Breaking the Barriers for Women on Parole* (December 2004) describes the problem of crime, violence, and substance abuse among female offenders in the California corrections system. This report paralleled findings and recommendations made a decade earlier by the then-CDC investigations. The LHC found addressing the challenges of female offenders and their re-entry into communities is a productive approach to being "smart on crime." LHC suggest fundamental reforms in the correctional system will interrupt the generational toll created by the imprisonment of women and break the cycle of violence, crime, and addiction for female offenders.

The Department's strategic plan and this master plan respond to their call for the development of a targeted correctional strategy that will prepare female inmates release and establish a greater reliance on community corrections. Ultimately, partnerships with local government and other community-based partners will provide programs and services to low-level female offenders in their local communities, reducing the reliance on the "mega-prisons," an approach that has been criticized by the LHC. The community-based approach suggested by the LHC will more effectively respond to addiction, poverty, and crime among female offenders and their children.

The LHC makes an important observation in stating, "If correctional programs are going to help women offenders break the cycle of their criminal behavior, policy-makers must recognize how women offenders are different from men." (page 8)

In conjunction with CDCR's strategic plan, this master plan centers around two elements identified by the LHC-community corrections and a community-based re-entry model. (page 33)

Both plans respond directly to the need to “rethink” policies for female offenders by responding to specific criticisms and observations made in the LHC report. For example:

- The LHC report found female offenders are typically not a threat to public safety. Two-thirds of female offenders are incarcerated for nonviolent offenses. These women typically have lower security levels and serve shorter time in prison. This fact is a primary basis for developing a community-based system.
- Their histories of victimization are tied directly to their substance abuse and criminal behaviors. This interpersonal violence and subsequent trauma must be addressed in institutional and community rehabilitation programs.
- The two central valley prisons are designed to prevent escapes and minimize violence behind bars and may not be appropriate housing for the majority of female offenders.
- The female institutions are crowded beyond design capacity that can be alleviated by improving parole outcomes and establishing a larger network of community placement.
- Efforts at education, drug treatment, and other interventions can be managed correctly to prevent return to prison after release. This plan outlines gender-appropriate programs for adult and female offenders.
- At release and in community settings, female offenders should be offered assistance with employment, housing, treatment, and other ways to improve parole performance.
- The LHC notes women offenders currently serve their time in prisons that are gender-blind and outcome ambivalent. This master plan creates a gender-responsive system that focuses on improved outcomes.

### **Findings & Recommendations from the Little Hoover Commission**

The LHC provides specific findings and recommendations in the *Breaking the Barriers* report. These findings are integrated into this master plan.

#### **Lack of a gender-responsive strategy**

Finding 1. The former California Department of Corrections (CDC) had not developed a correctional strategy that effectively reduces crime, violence, and drug abuse by the growing number of female offenders upon their release.

Data supporting this finding includes:

- Approximately 44 percent of female parolees are returned to CDC custody, most for drug related violations.
- The former CDC has fallen behind other states on preparing inmates for release and assisting them in their transition to the community.
- The significant increase in the number of women in California prisons, among other factors, has resulted in a reliance on a “prison” strategy rather than a correctional strategy. Female inmates are now housed in large, centralized, highly secure, and now overcrowded prisons.
- Gender differences influence outcomes in that female offenders differ from male offenders in their personal histories and pathways to crime. These differences have important implications for policies and programs in institutions and for community corrections.

Compared to male offenders, female offenders are:

- Far less likely to be convicted of a violent crime.
  - Less likely to be considered a danger to the community.
  - More likely to have been a victim of violent crime, to have been abused, and to have physical and mental health needs.
  - More likely to have been the primary caretaker of their children, and to have been unemployed or homeless prior to their arrest.
- The former CDC had focused on expanding California's prison system and developing programs primarily for male offenders. Therefore, female offenders were incarcerated in large, remote prisons that undermine women's chances of success when released from prison. This system designed for men (page 27) has resulted in inappropriate visiting, searching, classification, programs, and services for female offenders. Staffing and training has also been inappropriate for female offenders.
- Preparing inmates for release, whether they are male or female, has several research-based components. These include planning for release from the first day of incarceration, providing tools and support, and promoting policies that support family and community. For women, these components must be gender-responsive. The details on gender-responsivity are described in the next section.

## **Recommendations**

Recommendation 1: The CDCR should develop a coherent strategy to hold female offenders accountable for their crimes and improve their ability to successfully reintegrate into their communities. Specifically, the Department should:

- Develop leadership for reforms.
- Embrace evidence-based practices.
- Develop a strategic plan that:
  - Includes a robust community correctional system to effectively house and prepare inmates for release.
  - Includes a robust re-entry effort.
- Measure and report performance.

CDCR responded to these recommendations by appointing an Associate Director of FOPS and by supporting training for the wardens of women's prisons. This master plan continues to build on research on gender-responsiveness. Because additional empirical support for developing gender appropriate programs is needed, a request has been made to the University of California, Irvine (UCI) Center for Evidence-Based Corrections to review the evidence-based literature for both juvenile and adult female offenders. Finally, this master plan, in conjunction with the Department's strategic plan, is grounded in planning for re-entry and a community-based corrections system.

## **Preparing for Success**

Finding 2: Mega prisons, designed primarily to incapacitate and punish violent offenders, are not effective for the majority of female offenders who are nonviolent, serve short sentences, and need specific services to successfully return home.

The LHC is critical of the large "mega prisons" and their ability to manage the behavior of the two-thirds of female offenders who are convicted of nonviolent offenses. They note deficiencies in the classification system that place women in these inappropriate institutions and show these mega-prisons have created several problems, which include:

Maintaining family ties caused by the remoteness of the two largest institutions, Central California Women's Facility and Valley State Prison for Women.

Reduced programming and space problems, due to overcrowding, and inadequate staffing in educational, substance abuse and re-entry programs.

Following these findings, the LHC recommends a “correctional” approach that focuses on rehabilitation rather than punishment as outlined in Recommendation 2:

Recommendation 2: A core element of a strategic plan for women should be a robust system of community correctional facilities focused on preparing women offenders for success on parole. The State should:

- Revise classification procedures.
- Develop a continuum of incarceration options.
- Partner with communities.
- Operationalize the continuum.

The Department’s strategic plan responds to this call in outlining an evidenced-based and conceptually sound approach to the management, supervision, and treatment of juvenile and adult females. This master plan, which focuses on the needs of adult female offenders, further recognizes and supports the need for evidenced-based, gender-responsive approaches to this population.

### **A Re-entry Model Reduces Recidivism**

Finding 3 of the LHC examines the problems of re-entry for female offenders.

Finding 3: Female offenders are often denied assistance with housing, employment, substance abuse treatment, and family reunification, and as a result, the public costs and personal tragedies continue to plague families and communities.

The LHR details barriers in receiving public assistance, appropriate housing, employment, and other problems that thwart re-entry. This section also details the significant challenges female drug users face at re-entry and on parole and the problems inherent in family reunification. Their third recommendation provides detail on the re-entry model:

Recommendation 3: The State should develop a community-based re-entry model to reduce recidivism among women offenders, improve public safety, and reduce public costs. Specifically, the State should:

- Establish an Inter-agency Council on re-entry.
- Shift responsibility for parolee supervision and assistance to communities, starting with women.
- Provide technical assistance.
- Measure performance.

This plan directly responds to each of these recommendations by developing and implementing programs that focus on community programming, re-entry planning, and family reunification.

### **Senate Concurrent Resolution 33:**

#### **SCR 33**

##### **Commission Report on Female Inmate and Parole Issues**

The SCR 33 Commission on Female and Parolee Issues was established to study issues affecting female inmates and parolees. During its study, the commission assessed such issues as work, education, sentencing, classification, substance abuse, alternative treatment programs, and parental status and reviewed programs and services available to female inmates and parolees. The commission's final report as published in 1994 presents an analysis of these issues and the commission's findings and recommendations. The commission's findings and recommendations revolve around three central concepts. They are:

- Female inmates differ significantly from male inmates in terms of their needs while incarcerated and upon their release to the community on parole.
- Female inmates and parolees generally have a lower rate of commitment to prison for violent offenses and exhibit significantly less violent behavior in prison than males.
- Upon release to parole, over 95 percent of all female inmates are returned to the communities from which they were sentenced. The successful reintegration of these women into their communities is, to a large degree, dependent on those communities sharing responsibility with the CDCR and its Division of Adult Parole Operations for the supervision, care, and treatment of these women.

The fundamental concepts of the commission have led to several findings and recommendations that are closely aligned with the findings of the LHC. If implemented, they will lead to progress in breaking the multigenerational cycle of crime and recidivism.

### **Assembly Bill 900 Report**

#### **Female Inmate Health Issues Task Force**

##### **Final Report (Draft)**

The final report of the Female Inmate Health Issues Task Force was developed pursuant to AB 900. The final report parallels more recent initiatives (including litigation and other reports) in suggesting physical and mental health care has been

insufficient and ineffective for women incarcerated in California. The findings and recommendations of the AB 900 Task Force, while focused on the health care needs of female offenders, are consistent with those of the LHC, AB900, and the SCR 33 Commission. Gender-responsive programs in all areas of service delivery, both in the institutions and through community-based programming, are needed to effectively impact the lives of female offenders and improve their opportunities for success once they return to their communities.

The master plan and FOPS have incorporated many of the recommendations in their current work and, when appropriate, will collaborate with the medical Receiver, to include health related recommendations in the reform effort.

### **National Standards**

Recent research sponsored by the NIC and the office of Juvenile Justice and Delinquency Prevention has recommended the development and implementation of gender-responsive policies, programs, and services for adult and juvenile female offenders if correctional systems are to be successful in managing them. The realities of women and girls' lives require systems for them are structured differently from those provided for male offenders. Some of the gender differences between female and male offenders include:

- There are far fewer women and girls in the correctional and juvenile justice system. Females have different patterns, levels, and rates of participation in crime and, in general, are considerably less violent than are males.
- Women and girls are more likely to have been physically and sexually abused than are males and have different responses to trauma and abuse than do men.
- Women and girls have more and different physical and mental health issues than do men.
- The lives of female offenders' children are more disrupted by their mother's involvement in the criminal justice system than are the lives of men's children.
- Women and girls have more extensive and different family responsibilities in the community than do males.
- Women and girls can expect to earn 25 to 30 percent less than their male counterparts do when they are employed in the community.

The American Correctional Association (ACA) has incorporated the NIC findings and those developed by the office of Juvenile Justice and Delinquency Prevention in *Guiding Principles for Promising Female Offender Programming* into a policy statement regarding female offenders. This policy is reproduced here:

## **American Correctional Association Policy Statement: Public Correctional Policy on Adult and Juvenile Female Offender Services**

### **Introduction:**

Correctional systems must practice gender-responsiveness in the development of services and programs for adult and juvenile female offenders. Programs must be designed and implemented to meet the needs of this population.

### **Policy Statement:**

Correctional systems must be guided by the principle of gender-responsiveness and recognize the physical, behavioral, social, and cultural differences between female and male offenders, and how those differences should be reflected in policies and practices. Female offenders must receive a full range of services that recognize the realities of their lives and address the specific needs of this population. Correctional agencies should:

- A. Acknowledge gender makes a difference in what works for adult and juvenile female offenders and review all policies, programs and practices, including classification systems, to ensure they are gender-responsive.
- B. Provide both human and financial resources to create a system-wide approach to the provision of adult/juvenile-centered services that creates a safe, nondiscriminatory, and supportive environment.
- C. Ensure all staff including contract employees and volunteers working with female offenders are carefully screened and provided specific training in order to effectively provide services.
- D. Provide a full range of integrated, age, and developmentally-appropriate, gender-responsive programs and services that address substance abuse treatment, trauma, physical and mental health to include prenatal care, relationships, spirituality, economic self-sufficiency, re-entry, and legal issues.
- E. Facilitate the maintenance and strengthening of family ties, especially those between mother and child.
- F. Implement a full range of alternatives to incarceration, including pre-and post-trial diversion, probation, restitution, and community residential and parole/aftercare services, designed to meet the needs of this population.
- G. Develop gender-responsive conditions of confinement and implement humane, relevant security policies and practices to include proper nutrition,



clothing, personal property, hygiene supplies, exercise, and recreation/wellness programs.

- H. Provide access to a full range of work and other programs designed to expand economic self-sufficiency.

This policy was reviewed and amended February 1, 2006, ACA Conference, Nashville, TN.

## **Section 2: A Profile of Women Offenders in the California Department of Corrections and Rehabilitation**

Like women offenders in the rest of the country, women offenders in California prisons have a specific profile. In California, the female prison population has risen from a low 1,316 in 1980, to 11,416 in 2007. The increasing numbers have made evident the lack of appropriate policies and procedures for managing women offenders. Current research has established women offenders differ from their male counterparts in personal histories and pathways to crime. Women offenders are low-income, undereducated, and unskilled with sporadic employment histories, and they are disproportionately women of color. They are less likely than men to have committed violent offenses and more likely to have been convicted of crimes involving drugs or property. Often their property offenses are economically driven, motivated by poverty, and by the abuse of alcohol and other drugs.

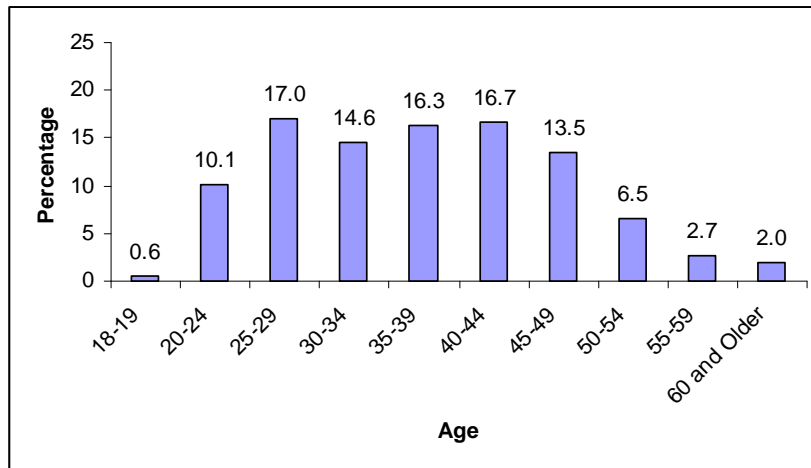
The LHC asserts that, "If correctional programs are going to help women break the cycle of their criminal behavior, policy-makers must recognize how women offenders are different from men," (The LHC, 2004, page 5.)

Obtaining empirical data on the offender population is a critical aspect of evidence-based practice. Data describing this population, their pathways to offending and specific characteristics of institutional adult female populations is summarized below. These data were gathered from Offender Information Services Branch. Unless otherwise noted, the data provided is as of December 31, 2007.

### **Race and Ethnicity**

The ethnic breakdown of the female offender population is 29.5 percent black, 29 percent Hispanic, 36 percent white and 5.5 percent other. Women of color make up approximately 58.5 percent of the total CDCR female offender population.

**Figure 1. Distribution of female offenders by age.**



The data shows nearly 60 percent of all female offenders are under the age of 39, while approximately 40 percent are 40 or older.

### **Population Descriptions**

This section provides descriptive detail on the adult female population in the CDCR. The data is from year-end 2007.

### **Classification**

**Table 1. Female offenders by classification level as of December 31, 2007.**

Table 1 shows the distribution of the female population (as of year-end 2007) in terms of institutional classification levels. The majority of the adult female offenders are scored at the 2 lowest classification levels (Level I at 38.6 percent and Level II at 26.2 percent.)

When Level I and II populations are combined, nearly 65 percent of the adult female population falls into the 2 lowest levels of CDCR classification. Just over one-third of the population, then, is classified at the upper levels (Level III and Level IV.)

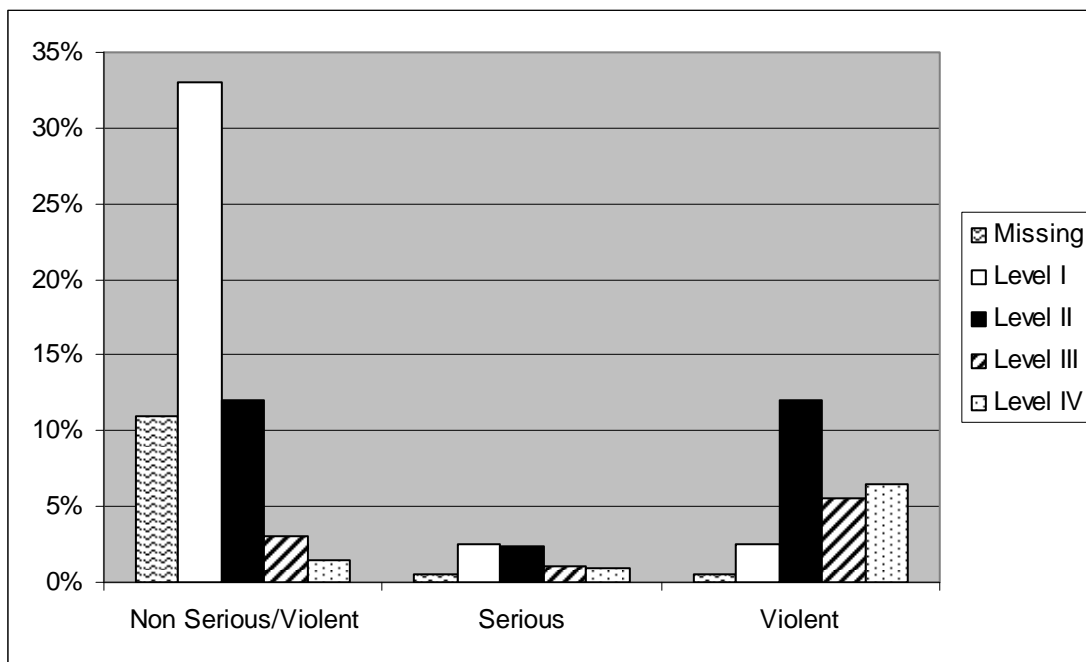
Classification Level	Percent of Total Offenders
Level I	38.6
Level II	26.2
Level III	11.6
Level IV	9.8
ReClass/Unclassified	13.8
Total	100.0

## Sentencing Status

Nearly 75 percent of the female offenders in custody are serving determinate sentences, the majority of which are classified as Level I and II. Over 60 percent of the 1,268 female “second strikers” are also Level I and II. Of the 82 female “third strikers,” the majority are in the upper level security classifications.

Just under ten percent of the female offenders in custody are serving life sentences. Of those 964 women, more than half are classified as Level II.

**Figure 2. Female offender classification level by serious/violent status distribution, as of December 31, 2007.**



Of the total female population, 64.1 percent of female offenders are classified as nonserious/nonviolent, 8.3 percent are classified as serious, and 27.6 percent are classified as violent. Of the 877 serious offenders, 63 percent are classified as Level I and II and 50 percent of the violent offenders are also Level I and II.

## Correctional Clinical Case Management System/Enhanced Out Patient designations

Just over one quarter (26.4 percent) of the population is designated as Correctional Clinical Case Management System (CCCMS) and less than 2 percent (186) is Enhanced Out Patient (EOP.)

Sixty percent of the CCMS population is classified as Level I and II. The EOP population is distributed somewhat equally across the four classification levels.

## **Institutional Classification Levels**

Over three-quarters of the incarcerated women in California are held in the two Central Valley prisons, Central California Women's Facility (CCWF) and Valley State Prison for Women (VSPW). Sixty percent of these women are also classified in Level I and II categories. California Institution for Women (CIW) is predominately Level I and II offenders. These distributions are displayed in Table 2.

**Table 2: Female offender classification level by institution.**

Institution	Classification in Percentages				
	Level N/A	Level I	Level II	Level III	Level IV
CCWF	15.4	34.5	25.8	12.8	11.5
VSPW	15.1	35.2	25.7	12.1	11.8
CIW	8.8	51.6	27.7	8.6	3.3

## **Admission/Return Status**

Three-fourths of the incoming population is made up of new admissions. Approximately 25 percent were parole violators with new terms.

## **Controlling Offense**

Of the new admissions in 2007, the following offense categories emerged:

Crimes against persons	10.5 percent	(832)
Property crimes	32.3 percent	(2,562)
Drug crimes	24.7 percent	(1,961)
Other offenses	5.0 percent	(397)

These distributions change somewhat when the total institutional population is described as illustrated in Table 3 below.

**Table 3: Institutional population offense categories.**

Crimes against persons	31.6 percent	(3,574)
Property crimes	33.5 percent	(3,790)
Drug crimes	28.0 percent	(3,172)
Other offenses	6.9 percent	(780)

Over 60 percent of all female offenders have been convicted of nonviolent crimes; more specifically 33.5 percent are incarcerated for property crimes and 28 percent are incarcerated for drug crimes. Just over 30 percent of the female offenders are

incarcerated for crimes against persons. Approximately 7 percent are incarcerated for other crimes.

### Changes in Offense Types Over Time of Female Felons

**Figure 3: Changes in the female felon population over time by type of offense from December 31, 1987 to December 31, 2007.**

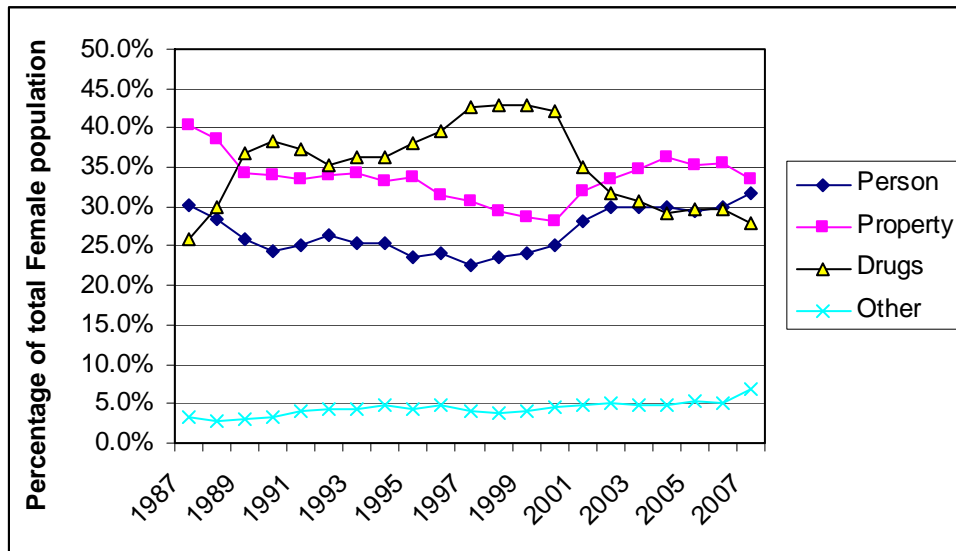


Figure 3 shows the distribution of the female offender population by type of offense and notes the changes over time from December 31, 1987 to December 31, 2007. In terms of “person” offenses, the female felon population institutionalized for “person” offenses was at 30 percent on December 31, 1987, decreased to about one-quarter of the population in the 1990s and now the population stands at 31.6 percent, according to data as of December 31, 2007.

The distribution of the female felon population by “property” type of offense was at 40.3 percent on December 31, 1987. The population lowered to 35 percent and has remained fairly stable over time, fluctuating by only 5 percent from about 29-35 percent. As of December 2007 this population stood at approximately 33.5 percent.

As to the drug offenders, the female felon population institutionalized for “drug” offenses was at 26 percent on December 31, 1987. The population peaked at nearly 45 percent from 1998 to 2001 and steadily decreased after that. In the last few years there has been a slight increase and today, the population stands at 28 percent.

## New Admissions and Parole Violators

Over the past 20 years, new admissions have decreased from a high of more than 80 percent of all admissions to a low of 60 percent in the late 1990s. At year-end 2007 new admissions made up 67 percent of all female offenders in CDCR.

In terms of parole violators (PV-RTC), the number has fluctuated from a low of 7 percent in 1984, rising to 16 percent in the late 1980s, lowering to 10 percent in the early 1990s, and then peaking at a high of 20 percent in 1997 to 2001. As of 2007, the PV-RTC admissions stood at 11 percent.

For those parole violators with new terms (PV-WNT), a similar pattern emerges. From a low of 10 percent year-end 1984, the PV-WNT admissions have increased steadily over time, rising to a high of 21 percent from 1992-1995 and fluctuating by only 5 percent since. At year-end of 2007 the PV-WNT admissions stood at 20 percent.

## Median Time Served

**Figure 4. Median time served in months on prison sentence for female felons first released to parole from Dec. 31, 2004 to Dec. 31, 2007.**

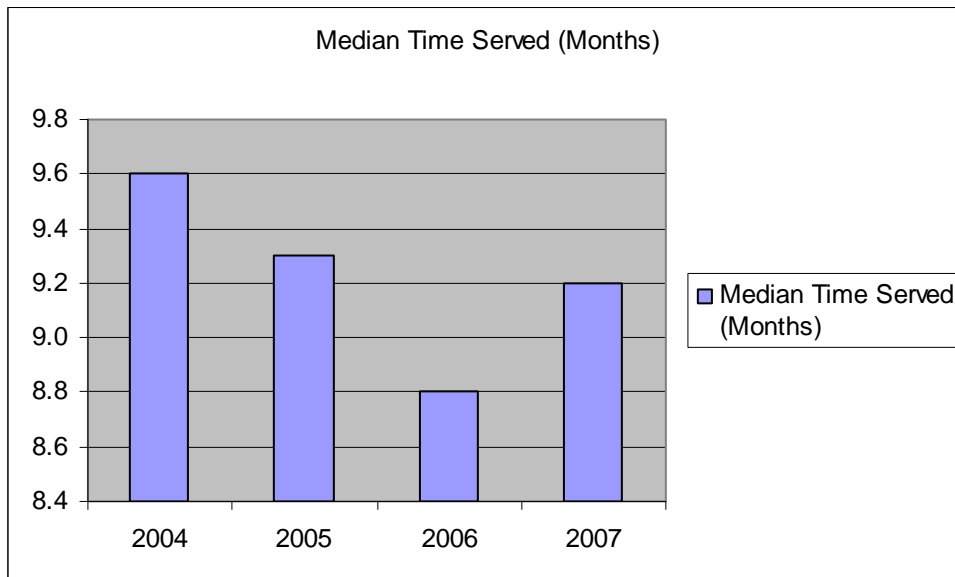


Figure 4 shows the median time served in months on a prison sentence for female felons first released to parole from December 31, 2004 to December 31, 2007. This median fluctuated somewhat but has remained relatively stable in recent years, in the eight- to nine- month range.

As of December 2007 the mean and median time served for the major offense categories are described in Table 4.

**Table 4: Time served in mean and median months for female felons first released on parole during 2007 (CDCR time only-does not include time in jail).**

	Mean in Months	Median in Months
Crimes against persons	27.9	16.4
Property crimes	10.7	8.0
Drug crimes	11.4	8.9
Other offenses	12.0	8.3

For those returned to custody without a new term, the following means were reported as shown in Table 5.

**Table 5: Time served in mean months for PV-RTC population.**

	Mean in Months
Crimes against persons	4.95
Property crimes	3.60
Drug crimes	3.50
Other offenses	4.24

### **Women Offenders and Their Children<sup>48</sup>**

In 2003 Powell and Nolan reanalyzed California data collected by the federal Bureau of Justice Statistics (BJS) derived from their 1997 survey of inmates in state and federal correctional facilities. This section summarizes pertinent detail from this study and other data that describes parents incarcerated in California prisons with a particular emphasis on adult female offenders.

### **Numbers of Mothers and Fathers**

In 2001 California's prisons held an estimated 10,300 mothers and 84,000 fathers. These parents had an estimated 192,000 children. This may have severe consequences for the children of incarcerated mothers, who unlike incarcerated men are less likely to have a partner on the outside to raise these children. While the incarceration of any parent will affect children, for the children of incarcerated mothers it can be especially traumatic and life altering.

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<sup>48</sup> Powell, M. A. & Nolan C. (2003) *California State Prisoners with Children: Findings from the 1997 Survey of Inmates in State and Federal Correctional Facilities*. November

## **Numbers of Children**

A majority of incarcerated women (64 percent) indicated they had minor children. About half these women stated they were living with their children before their arrest. Over two-thirds reported having more than one child. While 57 percent of men reported having children, about two-thirds of these fathers stated they were not living with their children prior to their arrest.

## **Living Situation Prior to Incarceration**

Almost twice as many male prisoners (63 percent) were living in a two-parent household, compared to 33 percent of the female inmates. Therefore, two-thirds of the mothers were the single care provider for their children.

## **Custody Arrangements**

Of the incarcerated mothers, 69 percent reported their children were now in the custody of a grandparent compared to only 14 percent of incarcerated fathers. Less than one-quarter of the women stated their children were living with other relatives, while only five percent of men reported the same. On average, these grandparents were over the age of 50. Powell and Nolan also found the majority of these care givers are not receiving public assistance, thus restricting access to health care and other services they need. Fewer than 10 percent of the female inmates stated their children were living in foster care or another institution.

## **Contact with Incarcerated Parents**

Only 10 percent of the women reported having personal visits with their children during their incarceration with men slightly more likely to report having monthly visits from their children (15 percent). More than 80 percent of the women, however, reported having monthly contact with their children, which included visits, mail, and telephone calls. Several studies have found ties between inmates and their families have been linked to a number of positive outcomes, including improved mental health status, the increased likelihood of family reunification following release, reduced parental recidivism, and reduced disciplinary problems for the children. Clearly, a lack of contact between incarcerated mothers and their children can have a negative effect on both the mother and their children.

## **Differences of Offenses Between Incarcerated Women and Men**

In the 1997 study, the majority of crimes committed by incarcerated women with children were drug or property-related, and were less likely to be violent crimes. Of the mothers, 38 percent reported their incarceration was drug related, 30 percent were property related and 17 percent were violent acts. In comparison, 36 percent of the men with children had been incarcerated for violent crimes. Of the mothers,



47 percent reported being under the influence of drugs during their offences as compared to only 31 percent of fathers.

### **The Consequences of Victimization**

Multiple measures show women offenders have extensive histories of victimization, both as children and as adults. Various studies find a range of 50 percent to 70 percent of incarcerated adult females reporting such abuse. Their histories of victimization and subsequent trauma are tied directly to their substance abuse and criminal behaviors, through such mechanisms as maladaptive coping strategies, self-medication of self destructive impulses.

Childhood experiences have also been linked to problems in psychosocial functioning, such as depression, post traumatic stress disorder and other forms of psychopathologies; and risky sexual behaviors. Female offenders are also more likely to be diagnosed with co-occurring disorders. There is also some indication female offenders have higher rates of physical health problems.

Women offenders also have more extensive histories of drug abuse, including more frequent drug used, poly drug use, and earlier age of onset. Data from a FOTEP study explores these relationships and demonstrates the complex and continuing effect of childhood victimization on the lives of female offenders.<sup>49</sup>

The purpose of the study was to specify the prevalence of several types of childhood traumatic events prior to the age of 16 (i.e., emotional abuse and neglect, physical neglect, physical abuse, sexual abuse, family violence, parental separation/divorce, incarceration of family member, and out-of-home placement) among a sample of drug-dependent women offenders, and to describe the relationship of a cumulative number of those events with a variety of adult physical and mental health problems and behaviors.

This study is especially informative as it compares a female offender population (FOTEP participants) to a community sample of women in Health Management Organizations. The independent variable was Childhood Traumatic Experiences (CTE), self-reports of 9 childhood trauma and adverse household events before the age of 16. These events meet the criteria of trauma as defined by the Departmental Service Manual-IV. These findings are summarized below:

- The FOTEP women were almost twice as likely as the community sample to have reported five or more CTEs.
- The FOTEP sample was substantially more likely to have reported each CTE occurring at least once prior to the age of 16.

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<sup>49</sup> Messina, N and C. Grella (2005) *Childhood Trauma and Women's Health Outcomes: A California Prison Population*

- Nearly half (45 percent) of the FOTEP women reported sexual abuse in childhood.
- Women with exposure to CTEs have greater histories of problem behaviors in adolescence and adulthood (e.g., conduct disorder, teen childbirth, homelessness, previous substance abuse treatment, and involvement with children's protective services).
- There were significant increases in the proportion of women who had adolescent conduct disorder, histories of homelessness, and previous substance abuse treatment with greater exposure to CTEs. Between 62 percent and 76 percent of the women with 5 or more CTEs reported these histories compared with 30 percent to 52 percent of those with no CTEs.
- Greater exposure to CTEs is associated with indicators of more severe criminal involvement and drug-use behaviors. Women with five or more CTEs reported the earliest involvement in drugs and crime (e.g., age of first arrest, age of first drug-related crime, property crime, violent crime, and sex related crime), and had the largest mean number of prior arrests.
- Forty-one percent of women who reported no CTEs had engaged in prostitution compared with 69 percent of those who had experienced 4 events and 57 percent of those who had experienced 5 or more events.
- There were increases in the proportion of women reporting use of prescription medications for mental health problems, previous mental health treatment, or who had previously attempted suicide associated with greater exposure to CTEs.
- Women who had hepatitis, sexually transmitted diseases, gynecological problems, or asthma also increased with greater exposure to CTEs.
- The greater exposure to CTEs, combined with the preexisting substance abuse and criminal histories prevalent among this sample of women, will increase the likelihood of both mental and physical health problems in adulthood, in a greater magnitude than reported for the Health Management Organizations sample of women.
- If a woman reported experiencing a total of 7 different types of traumatic events occurring prior to the age of 16, the odds of her engaging in adult prostitution or having an eating disorder as an adult would be increased by 230 percent compared with a woman who has no childhood trauma.
- The magnitude of the largest possible effect found is such that for woman who reported experiencing 7 CTEs prior to the age of 16, her odds of having received mental health treatment as an adult would be increased by 980 percent.

**Section 3: Observations and Recommendations by Dr. Patricia Van Voorhis from: A Review of Classification Models for Women Offenders, November 15, 2006**

**I. The current classification system does not adequately assess needs, particularly gender-responsive needs.**

The Department's current approach to assessing the needs of female offenders is "piecemeal," an after thought. Consequently, the needs of female offenders are not adequately identified or programmed for.

**Recommendation 1:** Adopt the NIC gender-responsive risk/needs tool for use with incarcerated and transitioning women offenders. Alternatively, NIC has also invested in the development of a "trailer" which can supplement a generic risk needs instrument. The alternative option is intended for jurisdictions that have already made an investment in a gender neutral risk/needs instrument (e.g., LSI-R, or Northpointe COMPAS).

**Recommendation 2:** Develop a case planning tool to accompany the assessment instrument. The case planning tool would provide the structure to assure the actual matching of offenders to needed services.

**II. The custody/level system is complicated, redundant, and difficult to understand.**

There is the appearance the current classification and placement procedures were developed in a poorly integrated manner, with little consideration for how one new policy might be integrated with previous decisions. The standard in most states is to base institutional and housing decisions primarily upon a prediction of an inmate's likelihood of engaging in dangerous behavior while incarcerated. California has done this through the development and validation of its level system which appears to be valid for male offenders. But the fact the State then allows offense severity to override the risk (level) prediction *may* be rendering the decision of where to house an inmate irrelevant to his or her dangerousness. To the extent that this contributes to overclassification, it is likely a very costly practice.

**Recommendation 3:** Consider a general review of the State's custody classification system, with special attention to custody overrides and whether it would be feasible to streamline the process through greater attention to levels and less attention to offense-related overrides. A simple view of the percent of inmates who commit serious misconducts at each level would be enlightening on this point, showing whether the level or the custody designations are related to inmate misconducts. It goes without saying, however, if the levels are used they or a gender-responsive risk model should be determined to be valid for women.

**Recommendation 4:** Prepare a more user friendly classification manual, which assembles all classification policies in one place using clear terminology.

**III. It is not clear that the level and custody models predict (or are relevant to women's misconducts). In other words, it is not clear the system is valid for women.**

The current system has not been validated on women offenders. That is, it is unknown whether, either the level system or the custody system related to (predict) women's misconducts. Because offenses are not good predictors of future misconducts or offenses, it is likely the custody system is an invalid approach to assigning inmates on the basis of their anticipated danger.

It was not possible to develop even a cursory picture of the system's validity, because current CDCR information systems do not compile institutional misconducts in a manner that offers an accessible view of the rates of misconducts across level and custody designations.

**Recommendation 5:** The issue of validity could be resolved in a cursory manner by examining the percentage of women at each level who commit a serious misconduct. This percentage should be higher at higher levels of the system. The percentage of inmates committing misconducts should also increase as custody increases. If there is no differentiation, then the CDCR level and custody designations for women are seriously flawed. As noted above, however, information would require some investment of time, until needed upgrades to the CDCR information systems are made.

**Recommendation 6:** Regardless of the classification system in place, offense codes for inmate misconducts (115's) should be reviewed with the intent of adding codes for less serious assaults, use of contraband, gassing, and other instances where current scores fail to reflect actual behavior.

**IV. Current classification procedures result in over-classification of women offenders, and deny women access to needed programs.**

A profile of female inmates reports that 20 percent of the women offenders in CDCR's system are classified Level III or IV. Ten percent of classified women are held in close custody. The proportion of women held in close custody is high in comparison to other states. If women at higher custody levels commit misconducts at similar rates to those at lower custody levels, they are over- classified. Close custody women are similarly over-classified if their rate of misconduct is lower than for close custody men. Overclassification poses concern for whether or not the State is holding women in the least restrictive option available relative to the danger they pose. With no data to assess whether the close custody women actually incur poor prison adjustment the State appears to be vulnerable to legal challenge.

**Recommendation 7:** Reevaluate custody policies with respect to women offenders. The reevaluation should address issues pertaining to the purpose of custody (punishment, prison safety, community safety, treatment), how intensive custody must be in order to achieve the intended purpose, and how many levels are needed to achieve this purpose. At present, custody is serving a punitive purpose and may or may not be related to institutional safety. It certainly is not serving a rehabilitative purpose, because it unnecessarily denies women access to programs. A new gender-responsive risk/needs model is needed, but it will not prevent overclassification if the current mandatory minimum and custody guidelines remain in place.

**V. The organizational capacity for implementing changes envisioned for women's programs and services is severely limited, particularly with regard to staff professionalism and skill sets relevant to the CDCR rehabilitation mission.**

A significant number of counselors interviewed during this consultation were not supportive of a rehabilitative mission. Others related to not having the time or motivation to put into "another CDCR promise for change." Change in California is not likely to take place without considerable attention to staff training and capacity building and perhaps even the introduction of clinically trained case managers and counselors better oriented to a rehabilitative mission.

**Recommendation 8:** Evaluate agency training agendas for their attention to the rehabilitation focus of the Department. Additional intensive training is required for work with women offenders, including training pertinent to trauma, family reunification, healthy relationships, parenting/child custody issues, and other gender-responsive needs.

**Recommendation 9:** If it is not possible to hire staff with degrees in a helping profession, seek staff who "buy-in" to the mission of gender-responsive services.

**VI. Outmoded information systems preclude attempts to monitor the validity of the State's classification protocols in an efficient manner.**

The State was, however, in the process of revamping the system at the time of this site visit.

**Recommendation 10:** The State must have the capacity to capture inmate misconducts (115's) according to date and nature of misconduct, if the classification system is to be validated. Such information will also be relevant to any future efforts to evaluate new treatment programs, and other State policies.

#### **Section 4: Penal Code Section 3430 Duties of the Department of Corrections and Rehabilitation Regarding Female Offenders.**

The CDCR shall do all of the following:

- A. Create a female offender reform master plan, and shall present this plan to the Legislature.
- B. Create policies and operational practices that are designed to ensure a safe and productive institutional environment for female offenders.
- C. Contract with nationally recognized gender responsive experts in prison operational practices staffing, classification, substance abuse, trauma treatment services, mental health services, transitional services, and community corrections to do both of the following:
  - (1) Conduct a staffing analysis of all current job classifications assigned to each prison that houses only females. The Department shall provide a plan to the Legislature by March 1, 2009, that incorporates those recommendations and details the changes that are needed to address any identified unmet needs of female inmates.
  - (2) Develop programs and training for departmental staff in correctional facilities.
- D. Create a gender-responsive female classification system.
- E. Create a gender-responsive staffing pattern for female institutions and community-based offender beds.
- F. Create a needs-based case and risk management tool designed specifically for female offenders. This tool shall include, but not be limited to, an assessment upon intake, and annually thereafter, that gauges an inmate's educational and vocational needs, including reading, writing, communication, and arithmetic skills, health care needs, mental health needs, substance abuse needs, and trauma-treatment needs. The initial assessment shall include projections for academic, vocational, health care, mental health, substance abuse, and trauma-treatment needs, and shall be used to determine appropriate programming and as a measure of progress in subsequent assessments of development.
- G. Design and implement evidence-based gender specific rehabilitative programs, including "wrap-around" educational, health care, mental health, vocational, substance abuse and trauma treatment programs that are designed to reduce female offender recidivism. These programs shall

include, but not be limited to, educational programs that include academic preparation in the areas of verbal communication skills, reading, writing, arithmetic, and the acquisition of high school diplomas and general education diplomas, and vocational preparation, including counseling and training in marketable skills, and job placement information.

- H. Build and strengthen systems of family support and family involvement during the period of the female's incarceration.
- I. Establish a family service coordinator at each prison that houses only females. (Added by Stats.2007, c 706 (AB 76), Section 1.)